A COMPARATIVE ANALYSIS OF POSITIVE CASES OF TUBERCULOSIS UNDER CARE AT ATLANTA TUBERCULOSIS ASSOCIATION 1937 AND 1939

A THESIS

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BY

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PREFACE

The data for this thesis were gathered and compiled in 1940, but were not finally submitted until 1943. The writer is grateful to the late Miss Mary Dickinson, former Executive Secretary of the Atlanta Tuberculosis Association, and to other members of the staff for their splendid cooperation in the gathering of the material.

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CHAPTER I

INTRODUCTION

From time immemorial tuberculosis has existed, and it is likely to be found in all corners of the earth. Though much progress has been made in decreasing its mortality rate, the rate is yet very high. Medical science has made rapid progress in eradicating tuberculosis, but it is still a problem of great concern. The general public must continue to be educated to use all preventive measures in an attempt to wipe out the dreadful disease.

In an effort to get a picture of the total number of cases of tuberculosis treated at the Atlanta Tuberculosis Association over a given period, there was a study made of all positive cases of tuberculosis known to the agency in 1937. The data for that study were collected and tabulated by Misses Allison Berry and Anna Shepherd, two field work students from the Atlanta University School of Social Work. During the first term of the scholastic year 1939-40 the data were interpreted and the report was written by two other field work students, Miss Elvie Cranchaw and Mrs. Maudie Bell-Hill. The entire study was under the direction of Mr. Nelson Crews Jackson, faculty member of the Atlanta University School of Social Work. The completed study proved to be of much value to the staff of the Atlanta Tuberculosis Association.

For the second study, the positive cases of tuberculosis for the year 1939 were selected rather than those of 1938 so that there might be a comparison rather than a picture of two consecutive years. Some of the case records of 1937 were incomplete and could not be used for the study, but as all case records were used for 1939 this is an indication that there has been an

improvement in record keeping at the agency.

Purpose.--This study was made, primarily, then, for purposes of comparison. It is hoped that it will prove to be of further value to the Atlanta Tuberculosis Association and to others in showing what have been the characteristics in the cases of tuberculosis treated by the agency for the two years. The study also represents an effort to summarize the services that are rendered by the Atlanta Tuberculosis Association to all races of people.

Scope.--This study pertains to 708 tuberculosis patients of Fulton and DeKalb Counties and of Atlanta, Georgia, who were known to the Atlanta Tuberculosis Association in 1939. It has been compared with a similar study for the year 1937 in which the records of 556 tuberculous patients were studied. Inasmuch as a few additional questions were added to the schedules in 1939 that were not included on the schedules of 1937, there is not a basis of comparison of all characteristics herein concerned.

Method.--Most of the information was secured from the individual case records of patients which are in the files of the Atlanta Tuberculosis Clinic. Facts from the records were transferred to the schedules that were formulated by the writer and approved by the agency and the Atlanta University School of Social Work. The data were then tabulated, compiled and written into the present narrative form. A large part of the report will be presented in statistical form.

CHAPTER II

BRIEF HISTORY OF ATLANTA TUBERCULOSIS ASSOCIATION

In 1907 the Atlanta Tuberculosis Association had its beginning in a clinic in the old Gould Building under the leadership of Mr. Joseph C. Logan, Secretary of the Associated Charities. This clinic was opened in order to help care for the clients who had tuberculosis. Dr. Wesley Taylor was the first physician, and Miss Rosa Lowe was the first secretary and nurse.

For two years the clinic was largely financed by two philanthropists in the persons of Captain W. G. Raoul and Mr. Joseph J. Eagen. At that time there was no hospital nor clinic for the care of the tuberculous in Atlanta. There were only 14 beds in the Home for Incurables to which the patients might go. The clinic developed rapidly and in 1909 was organized as the Atlanta Anti-Tuberculosis and Visiting Nurse Association with its own President and Board of Directors.

In 1913 the Association was chartered as a corporation organized to begin functioning, and Mr. Hugh M. Willett was elected President. The Association moved from the Gould Building in 1915 to a house at 23 Cain Street which provided larger quarters and a better location for a service program. Also in 1915, at the request of the Negro people, a Negro Branch dedicated to a program of education among the Negroes of the community was organized. The Branch has served continually and has been an important factor in the fight against tuberculosis among the Negro people.

The Branch cooperates with Negro Health Week, the Clean Up Campaign, and makes an organized effort to promote a tuberculosis control program through the churches, schools, clubs and fraternal organizations. The

students from the Atlanta University School of Social Work give two and a half days per week to Health Education and Community Organization when doing their field work at the Atlanta Tuberculosis Association. Mr. Forrester B. Washington, Director of the School, has served as President of the Negro Branch since 1937.

In 1918 Miss Mary Dickinson, a full time health worker was employed and the Health Department operated successfully until 1934 at which time it had to close its doors as there were no funds available. The Department began functioning again, however, in 1936 when Miss Fay Logan came to take up the work. Because of ill health, the Executive Secretary, Miss Rosa Lowe, resigned in 1922 and Miss Mary Dickinson was elected Executive Secretary. Miss Dickinson served faithfully and well in that capacity until her death in 1942.

During the year 1929 the Association moved from the location at 23 Cain Street to 286 Forrest Avenue, Northeast and rented the Building. The following year the buildings at 282 and 286 Forrest Avenue, Northeast were purchased by the Association and it is housed there at the present time. The Charter was renewed in 1933 and the name was changed to the Atlanta Tuberculosis Association, which is responsible to a Board of Directors. The clerical department was built up by the use of volunteer students who were in training. The Executive Department consists of the Executive Secretary, Administrative Secretary, and a Seal Sale Director.

The year that the clinic was organized the records show that there were 20 Negro patients receiving treatment at the end of the first month. White physicians treated Negro patients until 1936 at which time the Negro medical staff was formulated. Dr. Mark A. Thomas, a Negro who had recently received special training at Alto Sanitorium in tuberculosis work, headed up the Negro medical staff and was instrumental in getting other Negro physicians to donate their services. While there are more Negro than white patients

there are fewer Negro physicians who donate their services. Five Negro physicians give clinical services and one gives office treatments when there are patients with complications.

The white medical staff consists of 42 physicians, one half of whom give clinical services, and the other one half of whom give office treatments. The clinic includes rooms for the following purposes: reception of patients, receiving and history, examining, Pneumothorax, X-Ray, drugs, sterilizing and treatment, and a dental department. The dental department is for white patients only and has been provided since 1910. A white dentist gives his services three times per week. Occasionally there are as many as five clinics going on at the same time.

One part-time and four full-time Negro nurses attend Negro patients and four full-time white nurses attend white patients. The staff also includes a supervising nurse, a clinic director, a clinic secretary, and two clerical workers, all of whom are white. There is one paid X-Ray technician and there is also one X-Ray technician who donates his services.

Approximately one third of the financial support of the agency is contributed by the Atlanta Community Fund; another third is obtained through the sale of Christmas seals; and the balance comes from Fulton and DeKalb Counties, city of Atlanta, City of Decatur, donations, clinic income from small fees, dividends, rent of 282 Forrest Avenue, Northeast, and the Whitehead Foundation.

A medical examination at the clinic includes a tuberculin test, an X-Ray examination, a sputum test, a Wasserman, an examination of stool and urinalysis. Upon examination of patients admitted to the clinic they are classified in one of three groups. They are either diagnosed as positive and treatment is given, they are held for observation because of contact with the disease, or they are diagnosed as negative and their cases are closed.

The clinic files applications for patients to enter sanitoriums.

Patients attending the clinic receive: (1) medicine for relief and for complications; (2) Pneumothorax, a modern surgical method of pumping air into the chest in order that the lung itself might rest and heal; (3) follow-up services by nurses including a check in the refilling of medicine prescriptions, a check on clinic attendance and referrals to social agencies in the community; and (4) hospital care for complications.

for the two years.

For both years the second highest percentage of patients were referred by private physicians. The smallest percentage for both races was referred by relatives, but in considering the races separately it was found that among the Negroes the smallest percentage was referred by social workers or agencies.

In 1937 the number of white patients exceeded that of the Negro patients in every case of referral except that of Grady Clinic. Likewise in 1939 there was a larger percentage of Negro patients referred by Grady Clinic than there were white patients. During the latter year there were also more Negro patients referred by Clinic nurses than there were white patients.

Status of Case, Sex, and Age.--At the clinic those cases that are currently active are placed in the open file, while those that are no longer active are placed in the closed file. Cases are closed when patients fall into one of the eight following categories: (1) refused treatment and would not cooperate; (2) lost in moving and follow-up services could not be rendered; (3) left the city; (4) transferred to another clinic for treatment of a disease other than tuberculosis; (5) case arrested or apparently cured; (6) under care of a private doctor; (7) placed in a sanatorium; or (8) the patient died.

All the positive cases for the two years were not open cases at the close of the years.

At the close of 1937 only 248 or 44.6% of the 556 patients had currently active cases while the cases had been closed for the remaining 308 or 55.4%. At the close of the year in 1939 there were 406 or 57.3% of the cases still being cared for while the other 302 or 42.7% of the cases had been closed. These figures indicate that there were more cases still being cared for at the end of 1939 than there were at the end of 1937.

For both years there were more female patients than there were male patients. There was a total of 113 males whose cases were being carried in 1937 as against a total of 200 males with active cases in 1939. During the former year there were 135 females known to A.T.A. while 206 females were known to the agency for the latter year. Among the closed cases of 1937 the males outnumbered the females by a majority of twenty, there being 164 males and 144 females. For the latter period there were 142 males and 166 females whose cases had been closed.

Tubercle bacilli may enter the lung at any age, and especially in early childhood. In most cases of first infection with germs of tuberculosis the process stops without making the child or older person ill, and the fact that the infection and slight damage have occurred may never be discovered.[1]

Many people, as they grow up, are able to cope successfully with repeated small doses of the germ and never develop the disease. Serious tuberculosis develops more commonly during the late teens and early twenties than at any other age period. Most young people who develop serious tuberculosis give evidence of having had the early type of tuberculosis.

In the adult under twenty-five years of age it usually takes two years of continued activity for the disease to kill its victim. The older the patient is, the slower the disease acts.[2]

The average age* of all the patients was approximately 32 years. Two thirds of the total number, however, were between the ages of 22 and 47 years. Female patients, as a whole, were found to be much younger than

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[1] Tuberculosis from 5 to 20, Pamphlet, p. 1.

[2] John Potts, M.D., Getting Well and Staying Well (New York, 1930), p. 87.

*Average age refers to median rather than mean age.

male patients.

For the latter period, 17.8% of the total number of patients were found to be between the ages of 25 and 29 years. For the male group, however, the largest percentage of patients whose cases were then being carried were between the ages of 40 and 44 years while the majority of those whose cases had been closed were between the ages of 35 and 39 years. As was true of the patients in 1937, the average age of the females was much younger than that of the males. It was found in both the open and closed files that the majority of the females were between the ages of 20 and 24 years.

Tables 2 and 2A in Appendix C will show the number and percent distribution of all patients as to status of case, sex and age analysis.

Race Analysis.--There was not a great difference in the distribution of patients as to races. The white patients comprised 275 or 49.5% of the total number in 1937, 153 of whom were males and 122 of whom were females. There were 124 Negro males and 157 Negro females, making a total of 281 Negroes or 50.5% of the total.

Table 3 in the Appendix shows that the majority of white patients, both male and female, whose cases were still open on December 31, 1937, were between the ages of 35 and 39 years. During the same year it was found that among the cases that had been closed most of the white patients were between the ages of 30 and 34 years. There was, however, one more female patient between the ages of 15 and 19 years than there was between 30 and 34 years.

Most of the Negro patients whose cases were still open on December 31, 1937, were between the ages of 25 and 29 years. There were five times as many females in this age group as there were males, as most of the males were between the ages of 25 and 29 years. The majority of patients whose cases had been closed at the end of the same year were also between the ages

of 25 and 29 years, most of whom were females. Negro males were on the average five years younger than the Negro females. See Table 4 in the Appendix.

There were 352 or 49.7% white patients of the total number in 1939. Of this number 199 or 56.5% were males and there were 153 or 43.5% females. The 356 Negroes who made up the other 50.3% of the total consisted of 143 or 40.2% males and 213 or 59.8% females. See Tables 3A and 4A in Appendix C, for further information of these patients as to race, status of case and sex.

The largest percentage of all white patients for the year 1939 were between the ages of 25 and 29 years. This age group comprised 15.6% of the total. The majority of males whose cases were currently active were between the ages of 30 and 34 years. The females who were then under treatment were ten years younger than the males in the same category, which means that the majority of females were between the ages of 20 and 24 years. This age group was representative of all the females whose cases were no longer being carried.

During 1939, it was found that 19.9% of all the Negro patients were between the ages of 25 and 29 years. Coincidentally this same percentage also represented the number of Negro males whose cases had been closed for the same year. For the females whose cases had been closed there was a difference of 1.1% less than that of the males.

As for the total number of cases that had been closed, the male group was five years younger than those whose cases were still active, whereas, the female patients whose cases had been closed were five years older than those whose cases were still active.

The discussion that follows is based on cases which were currently active at some time during 1937 and 1939, the two years that were chosen for

the study. Information secured at the opening of the case records and during the development of them until such time as they were closed is used as basic for this report.

Marital Status.--There were patients who were single, married, widowed, divorced, deserted and separated. Table 5 in the Appendix will show the figures for the year 1937. There was a total of 267 patients who were married, 146 single, 70 separated, 66 widowed and 7 divorced. The married group represented 48% of the total which included 196 Negroes and 161 whites. The single group comprised 26.3% of which 82 were Negro patients and 64 were white patients. Of the separated patients, there were 54 Negroes and 16 whites. 13.9% of the Negroes and 9.8% of the whites were widowed. No Negroes were represented in the divorced group, which may be accounted for because of the financial cost of divorce.

It is seen in Table 5A in the Appendix that in 1939 there were as many as 366 patients who were married, 183 single, 61 separated, 83 widowed and 15 divorced. In the married group there were 146 Negroes and 220 whites. The total percentage for the married group was 51.7%. The single group which included 120 Negroes and 63 whites made up a percentage of 25.9%. Of the widowed patients 12.4% were Negroes and 11.1% were whites. The 61 separated patients included 44 Negroes and 17 whites. Only 2 Negroes were classified as being divorced as compared with 13 whites who had been divorced.

The figures for the two years indicate that the marital status of the two groups of patients was approximately the same. There were about twice as many married patients as there were single ones and divorces did not run high for either period. In 1937 there were ten times as many separated patients as there were divorced patients, while in 1939 the divorced group was one fourth that of the separated group. In both instances widowed patients represented 11% of the total.

Inasmuch as there were more married patients than there were in any other marital group, it may be said for the women in many cases that they bore children too rapidly. Miscarriages were rather numerous among them, thus they were weakened and were not physically strong enough to fight against the disease once it had attacked.

Extent of Education.--In relation to the cooperation given the clinic, physician, nurses and their families, it is interesting to note the extent of the patients' education. Unfortunately the educational status of 121 of the patients was not ascertained. There were 587 of the patients who did give information, however, as to the grades that they had completed. Of the 34 patients who had never been to school, there were only 14 who were under 6 years of age, the required age for entering school. Of those who had been in school attendance more than one half of them had gone beyond the sixth grade. Twelve and thre tenths per cent of the patients had gone as far as the eighth grade, which per cent distribution was the largest of the total group. Aside from the 34 patients who had never been to school, 40 of those who had been in attendance stopped school after they had completed the second grade. This means that 12.6% of the patients had no formal training beyond the second grade. Of this number, only 15 or 2.6% of the total had received any college training, 3 of whom were Negroes and 12 of whom were whites.

Of the known number, it was found that almost twice as many whites as Negroes had no formal training at all. Among those patients who had been enrolled in school the majority of the white group went as far as the eighth grade while most of the Negro group went only as far as the sixth grade. For further information as to the educational status of the patients see Table 6 in Appendix C.

Former Occupations.--The extent of education of patients as discussed

above enables one to account for, in part, the types of former occupations in which they were engaged. It was found in 1937 that of the 556 patients, 452 of them had been formerly engaged in eight types of occupations. The greatest number of these patients, 154, were formerly employed as domestic and personal service workers. The next largest group were manufacturing and mechanical workers. The professional group, which consisted of only eight persons, was the smallest. The balance of the patients had been formerly engaged in five remaining occupations, namely: (1) transportation and commerce; (2) clerical occupations; (3) public service; (4) agriculture; and (5) laborers not elsewhere classified.

Included in the 452 patients who had been formerly employed were 252 Negroes, 117 of whom were male and 135 of whom were female. More than twice as many Negro as white women were employed. One hundred forty Negroes and 14 whites had been formerly employed as domestic and personal service workers. Included in this number were 25 Negro males, 8 white males, 115 Negro females, and 6 white females.

In mechanical and manufacturing industries there were 53 white males, 41 white females, 24 Negro males and 11 Negro females. There were 35 Negro and 40 white patients who had been employed in transportation and commerce. Of the 18 salesmen and women 17 were white and one was a Negro, whereas of the 11 porters there were 10 Negroes and one white. The 8 persons who had been in professional service included 3 Negro females, 3 white males and 2 white females.

Of the remaining occupations, public service and agricultural workers represented the smallest number of patients. See Table 7 in Appendix C.

Among the 708 patients during 1939, there were 490 of whom were formerly engaged in seven types of occupations. This number included 242 Negroes and 248 whites. Domestic and personal service was the leading occupation as

was also true during 1937. Two hundred sixty one patients were engaged in this service, 186 of whom were Negroes and 75 of whom were whites.

Manufacturing and mechanical industries also ranked second in 1939 as there were 105 patients who had been engaged in that type of work. There were only three persons who had been public service workers. Table 7A will show the types of former occupations for the latter period.

Present Average Weekly Income.--The average weekly income was ascertained for 185 Negro and 189 white families during 1937. There were more families of 3 persons in both races than there were of any other size. The average weekly income of all families was in the amount of $12.41, but for the whites it was $15.40 and for the Negroes it was $11.30. These figures are shown in Table 8.

There were 102 patients gainfully employed at the time of registration at A.T.A. in 1939. This number included 44 white males, 20 white females, 14 Negro males and 24 Negro females. One fourth of this total number were engaged in domestic and personal service. Most of the Negroes were engaged in this service while most of the whites were engaged in mechanical and manufacturing industries.

According to Table 8A, the families of both races averaged 4 members, but for the Negroes there were more families of 3 members than of any other size. The total average weekly income for all families in 1939 was $13.36, but for the individual groups the white families averaged $15.42 weekly, while the Negroes averaged $10.76 weekly. There were 3 Negro families of one member each who averaged only $1.91 each per week, and on the other hand, 3 white families of one member each averaged $5.66 per week. For 5 families of 10 members each the average weekly income was $15.47 which was more than inadequate for the bare necessities of life.

The total number of families in 1939 received on the average of $1.00

less per week than did the families of the former year, but in considering the races separately it was found that the Negroes received on the average of 54 cents less per week in 1939 than they did in 1937. On the other hand, the weekly average income for the white families remained about the same for the two years.

Some of the families reported that they had no income from any source and a few reported that they had applied for relief but had never received the same. Others related that they were receiving small amounts of relief which were inadequate to meet the needs of the patient. Some patients were dependent upon relatives and as their financial income fluctuated continually, the calculation of their average weekly income would not have been valid.

The low wage level and the standard of living it represents is a definite hazard for tuberculosis. Because most of the patients were in families of the low income level, only a few of them were able to afford such things as automobiles, radios, and telephones. Among the 708 patients only 53 of them owned automobiles, 9 of whom were Negroes and 54 of whom were whites. There were 111 patients who had telephones, 19 of whom were Negroes and 91 of whom were whites. Only 50 Negro and 73 white patients had the privilege of enjoying radios. Club membership was almost nil among them and only 57.3% of them claimed church membership.

Many accounts were read where patients were often without food or fuel which meant that there were periods when they were hungry and cold. Under such circumstances chances for recovery were very slight. Special diets were often prescribed for patients by clinic physicians, but only 104 of the 708 patients were able to afford the diets which consisted largely of milk, eggs, fruit juices and fresh vegetables.

Summary.--Grady Clinic referred most of the Negro patients to A.T.A. during 1937 and 1939. There was only a slight increase of 0.3% for the

number of patients referred by this clinic in 1937 over those referred in 1939.

A smaller percentage of the cases had been closed at the end of 1937 than at the end of 1939. The average percentage of cases closed for each of the years was 43.6%. The younger patients were found among the females and each year there were more female patients than male patients. The age group which was common to both races in 1939 was that from 25 to 29 years, but in 1937 most of the white patients were between the ages of 35 and 39 years while the majority of Negro patients were 10 years younger.

Negro females outnumbered all other patients by a noticeable margin in 1939 with white males ranking second, whereas in 1937 there were only 4 more Negro female patients than white male patients. Among both races for each year there were more married tubercular patients than there were of any other marital status. Only 2 Negro patients had been divorced in 1937 and no Negroes were in this category in 1939.

Domestic and personal service was the leading former occupation of the patients and Negro females took the lead in this occupation each year. Manufacturing and mechanical industry was the second ranking former occupation and white males took the lead here each year. Professional workers and public service workers represented the smallest percentage of patients for 1939 and 1937 respectively. The average weekly income increased from $12.41 in 1937 to $13.36 in 1939, a gain of 95 cents per week. Though there was an increase in income, the total amount received was still too small for most of the patients to provide the bare necessities of life.

CHAPTER IV

LIVING CONDITIONS

It was rather deplorable how so many of the patients had to live because of their low economic status. Poverty itself does not cause tuberculosis as only the tubercle bacilli can do that, but overcrowded unfavorable living conditions make it easier for the disease to spread from person to person and make it easier for tuberculosis to develop once it has attacked.

Many of the patients who did not own their homes had to move about from one rent house to another. The low cost rental property, for the most part, is sub-standard and is often located in slum areas. Many of the houses are basement or cellar dwellings which are damp and favor the development of tuberculosis. Lloyd George, in advocating his Housing Act of 1919, exclaimed, "You can't raise class A-1 citizens in C-3 houses."[1]

Length of Residence in Fulton County.--Only 159 of the patients during 1939 were born in Fulton County, 101 of whom were whites and 58 of whom were Negroes. This indicates that 549 of the 708 patients had to become citizens of the county before receiving treatment at A.T.A. It is shown in Table 9 that of the total number only 4.7% had been in the county for less than one year. The largest percentage, 20.7%, had been residents of Fulton County from 1 to 4 years. It is most significant that 17.5% of them had been residents for 25 years and over. The majority of Negro patients had resided in the county from 10 to 15 years while the majority of white patients had been in the county from 1 to 4 years.

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[1]Edith Elmer Wood, Slums and Blighted Areas in the United States (Washington, 1936), p. 7.

Distribution As to Census Tracts.--It is interesting to note the distribution of tuberculous patients over the city of Atlanta and in Fulton County. In the report on Permanent Census Tracts for Metropolitan Atlanta it is stated that:

> Census tracts are small areas into which Greater Atlanta has been divided more or less arbitrarily for statistical and local administrative purposes.
>
> The tracts are permanently established, so that comparisons may be made from year to year and from census to census. They are laid out with a view to approximate uniformity in population; and each is designed to include an area fairly homogeneous in population characteristics.
>
> The objective of dividing Greater Atlanta into permanent census tracts is to provide a convenient and permanent unit of area to be used in studies of the social, economic and political problems of this area.
>
> The actual divisions of the Atlanta area into census tracts are based mainly on two population characteristics: race and economic status. Insofar as the distribution of the race permits, each tract is made to contain a population group which is predominantly white or predominantly colored.[1]

Tuberculous white patients during 1937 were distributed throughout 64 census tracts of Greater Atlanta and Fulton and DeKalb Counties. The lowest per cent distribution was less than one per cent per census tract, while the highest was between two and three per cent. These were in Tracts F-21 and in F-45 respectively. The percentages of the entire white population in F-21 and F-45 were 96.2% each. The household purchasing power as represented by the average monthly rental varied in two tracts by a margin of $5.00 as that in F-21 was in the $7.00 to $11.00 group and F-45 was in the $12.00 to $15.00 group.

Tracts F-5, F-6, F-9 and F-46 had between 1% and 2% of the positive cases of tuberculosis in them in 1937. Tract F-5 is composed of all white persons. The household purchasing power as represented by the average monthly rental was $7.00 to $11.00 for all except two tracts, namely F-5 which was

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[1] Permanent Census Tracts for Greater Atlanta, W.P.A. Official Project, #65-34-4083, 1936, p. 2.

in the $40.00 to $50.00 group, and F-6 which was in the $12.00 to $15.00 group.[1] The percentages of single family owned dwellings in these six tracts ranged from 53.8% in F-5 to 22.6% in Tract F-46.[2]

There were 49 census tracts with less than 1% of the positive cases of tuberculosis among the white population in 1937. Twenty-six of these tracts were dominated by white population. The percentage of ownership of single family dwellings in these 49 tracts ranged from 43.0% to 58.8%.[3]

The number and per cent distribution of positive cases of tuberculosis cared for among the Negro population exceeded that of the white population. Over 5% of the Negro patients were found in census tract F-28 which is located only a few blocks from A.T.A. Ninety-six per cent of the total population in this tract are Negroes.[4]

Between 4 and 5% of the Negro patients were found in Tract F-18. Seventy-four per cent of the total number in this tract were Negroes.[5] Census tracts F-38 and F-48 had between 3 and 4% each of the Negro cases. The total percentages of the Negro population in these tracts were 97 and 87 respectively.[6]

In census tracts F-26 and F-36 where Negroes represented 97.8% and 99% respectively,[7] there were found to be between 2 and 3% of the Negro patients. There were 35 census tracts having less than 1% of the Negro patients in them. Six of these tracts, namely: D-6, F-39, F-34, F-24, F-44 and F-23, were

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[1] Ibid., p. 94.

[2] Ibid., p. 92.

[3] Ibid.

[4] Ibid.

[5] Ibid., p. 94.

[6] Ibid.

[7] Ibid.

dominated by Negro population ranging from 95.8% in D-6 to 66.4% in tract F-23.[1] See Table 11 in Appendix C for further information.

The figures for 1939 in Table 11 also show that patients were distributed throughout 90 census tracts of Megropolitan Atlanta, Fulton and DeKalb Counties, while only 33 of the total number of patients were located in rural Fulton County which has not yet been divided into census tracts. Negro patients were found in 61 of the tracts and white patients were found in 81 of them. Some of the census tracts had patients of both races in them.

Tract F-18 contained the greatest number of patients in 1939. This number represented 4.8% of the total group, 24 of whom were Negroes and 10 of whom were whites. In considering the races separately, it was found that Tract F-28 contained approximately 8.1% of the cases of tuberculosis among the Negro race, which was the largest per cent distribution of the race. Tracts F-29 and F-18 contained the second largest group of Negro patients, having 7.0% and 6.7% in them respectively. Thirty-eight of the 61 tracts in which Negroes lived had less than 1% of the distribution. There were 3.1% more patients in F-29 and ".2% more in Tract F-18 during the latter period than there were during the former period.

Between 4 and 5% of the Negro patients were found in each of the following tracts: F-38, F-47, and F-48. Six tracts had in them between 3 and 4% of the patients and the same number of tracts had between 2 and 3%, while 5 tracts contained from 1% to 2% of the Negro patients. Thirty-eight of the 61 tracts in which Negro patients were located had in them less than 1% of the Negro distribution. There was one Negro patient in each of 16 tracts. In 14 of the same tracts there were also found white patients.

For the white group as a whole, Tract FC-13 had in it the largest percentage of patients. In that tract were 20 patients who represented 5.7%

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[1] Ibid.

of the total group. From 3 to 4% of the patients were found in Tracts F-8, F-31, F-32 and F-49. There were 8 tracts in which there were from 2 to 3% of the patients, 20 tracts in which there were from 1% to 2%, and 48 tracts in which there was less than 1% of the tuberculous white patients. Table 11 further shows that 26 of the tracts had in them one white patient each, and in 16 of the same 26 tracts were also found Negro patients.

It is seen from the foregoing statements that the patients were scattered over a wider area of Metropolitan Atlanta and Fulton and DeKalb Counties in 1939 than they were in 1937. For the latter year there was an addition of 10 census tracts in which the disease was known to be active.

Those Who Own Homes or Rent.--Table 1 that follows shows that only 10% of the 708 patients owned their homes while a much larger group, 80.7%, were renting. Two and four tenths per cent were buying homes and 4.4% were living with friends and relatives. Though there were only four more Negro patients than there were white patients, there was a majority of 6.7% of Negroes renting. On the other hand, 6.6% more of the white patients owned homes.

TABLE 1

PATIENTS CLASSIFIED ACCORDING TO STATUS OF HOME 1939

Status of Homes	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
Own homes	71	10.0	24	6.8	47	13.4
Buying	17	2.4	4	1.1	13	3.7
With relatives or friends	31	4.4	11	3.1	20	5.7
Renting	571	80.7	299	83.9	272	77.2
Unknown	18	2.5	18	5.1	-	-

It was found from the records that a large number of the patients were

constantly being evicted and were frequently moving. The constant changes of address made it difficult for the nurses to give adequate follow-up services. Such instability of patients caused mental unrest among them which retarded their recovery, as there should be satisfactory mental as well as physical rest for the cure of tuberculosis.

The case of Mr. A. is mentioned here as one example of eviction:

> Mr. A. was a 54 year old widower who had 3 children whose ages were 15, 20 and 25 years. An employable son refused to work and the patient depended on neighbors for food. He had no fuel and the house was uncomfortably cold. His was a case of far advanced bilateral pulmonary tuberculosis. The family was evicted during the patient's weakest time. Mr. A., being unable to move, had remained in the house while wreckers demolished it.
>
> The entire roof and back of the house had been demolished when the visiting nurse arrived on the scene. The patient's son was also in bed with a temperature. As the water had been disconnected, the patients were in the house without drinking water. Rooms that had been vacated on the opposite side of the house were being used for lavatories, and faecal matter was dropping from the ceiling. Upon investigation it was found that the president of one of the local banks, who owned the house, had ordered its demolition. The inspector from the Board of Health ordered the roof replaced and the water connected without delay.
>
> Further investigation revealed that 3 housekeepers had refused to remain in the home as the family would not cooperate in attempting to keep the surroundings clean. The fourth housekeeping aid was sent to the family and groceries were furnished by the Department of Public Welfare. Mr. A. was later admitted to Battle Hill Sanitorium where he remained until his death.

Miss B. is another example of a patient without a home.

> Miss B. was a 21 year old victim of pulmonary tuberculosis. She was taken from an orphanage by a family who kept her for a short while. Miss B. was later placed at two different times in The Industrial Home of Good Shepherds in two different states, and eventually she was placed in a Salvation Army Home. She remained in the latter institution until her conduct became such that she was dismissed. After her dismissal, Miss B. went temporarily insane and attempted suicide.

Any number of similar cases could be cited of patients who underwent the mental strain of unrest caused by continuous moving. The records show that some patients moved as many as twenty times in one year. In some instances their possessions were set out in unfavorable weather where they remained until other living quarters could be located.

Rate of Monthly Rent.--Five hundred and seventy one of the patients were renting in 1939. While rentals ran from less than $5.00 up to $50.00 and over, the largest percentage of patients lives in houses that rented between $5.00 and $10.00 monthly. Of those patients who were living in rented houses 30.8% of them lived in low cost rent houses. Table 2 shows that the white group had more families living in houses that rented from $10.00 to $15.00 than of any other level. With the exception of 5, all Negro families lived in houses that rented for less than $25.00. These Negro families lived in houses that were in the $25.00 to $29.00 level and two Negro families lived in houses that were in the $35.00 to $39.00 level.

TABLE 2

PATIENTS CLASSIFIED ACCORDING TO RATE OF MONTHLY RENT 1939

Monthly Rent	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	571	100.0	299	100.0	272	100.0
Under $5.00	61	10.7	37	12.4	24	8.8
$5.00 - 9.99	176	30.8	115	37.8	63	23.2
10.00-14.99	158	27.7	79	26.4	79	29.1
15.00-19.99	64	11.2	33	11.0	31	11.4
20.00-24.99	39	6.8	13	4.3	26	9.6
25.00-29.99	9	1.6	3	1.0	6	2.2
30.00-34.99	10	1.7	-	-	10	3.7
35.00-39.99	4	.7	2	.7	2	.7
40.00-44.99	2	.4	-	-	2	.7
45.00-49.99	-	-	-	-	-	-
50.00 & over	3	.5	-	-	3	1.1
Unknown	45	7.9	19	6.4	26	9.5

Types of Houses and General Condition of Structures.--The data as presented in Table 12 in the Appendix shows that 645 or 91.1% of the patients during 1939 lived in frame houses, the majority of which were one story structures. Only 49 of the patients lived in brick structures, approximately

one half of which were two story buildings and one fourth of which were single story buildings. There were two white patients who lived in trailers, one who lived in a canvas tent, and one lived in a tourist camp.

The general condition of buildings in which patients lived were rated as good, fair and bad by visiting nurses from A.T.A. From Table 3 it is seen that approximately one half of the structures were in only fair condition, 35% were in good condition, and 8.3% were rated as bad, while the condition of the remaining 7.1% was unknown.

TABLE 3

GENERAL CONDITION OF HOMES OF PATIENTS 1939

Status of Structure	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
Good	248	35.0	104	29.2	144	40.9
Fair	351	49.6	212	59.5	139	39.5
Bad	59	8.3	23	6.5	36	10.2
Unknown	50	7.1	17	4.8	33	9.4

Ventilation and Light.--Lack of light, and especially sunlight, lowers the general tone and lessens resistance to disease. In families where there is an advanced case of tuberculosis, the danger of infecting other members of the family is multiplied many times if there are dark rooms or badly lighted rooms. The bacilli spread by the coughing of the patient, live and consequently remain dangerous much longer in the dark.[1]

The tubercle bacillus in sputum is destroyed by direct out-of-door sun

[1] Edith Elmer Wood, Slums and Blighted Areas in the United States, (Washington, 1936), p. 7.

light in about 15 minutes. It may survive a couple of hours in a sunny room and a couple of days in a well lighted room with northern exposure, but it may live for weeks in a dimly lighted room of a court, and for months in one which is entirely dark. On this basis, there would appear to be 30 times as much danger to the family in dark rooms as in sunless light rooms with a still further difference in favor of sunny ones. Lack of fresh air has a well known depressing effect on well being and vitality.[1]

The classifications of ventilation and light as shown in the case records by the visiting nurses were good, fair and poor. The criteria for judging were as follows: homes in which there were good ventilation and light had two or more windows in the rooms that were kept open or partly open each day, and the houses were so situated that the sunlight and daylight were not obstructed by adjoining buildings. Fair ventilation and light meant that there were two or more windows in the rooms, but they were not kept open very long at a time, and the rooms occupied by the patients and family were not so situated that the sunlight and daylight might enter as was desirable. Those patients whose houses were classified as having poor ventilation and light were those who lived in basement and cellar dwellings, or those who were rooming in rooms that had only one window.

Seventy-five and two tenths of the patients during 1939 were in houses that afforded good ventilation and light; 10.5% of the homes had fair ventilation and another 10.5% were rated as having had poor ventilation and light. As home visits were not made to all patients before their case records were closed, for one of the eight reasons mentioned previously, it was not determined what the conditions of ventilation and light were for the remaining 3.8% of the patients.

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[1] Ibid., p. 8.

> The purpose of ventilation is not to bring outdoor conditions into indoors. The art of ventilation consists of adapting indoor conditions to indoor life. Window ventilation requires watchful attention of those in charge of individual rooms. Constant vigilance is the price of pleasant and wholesome conditions. Whatever systems of ventilation may be adapted, it is wise to flush rooms frequently with fresh air and to flood them with sunshine. This helps to blow out the accumulated dust and bacteria, to oxide organic matter that collects as a film on all surfaces, to diminish odors and generally to purify the dwelling.[1]

Water Connection.--Water is the most necessary element in maintaining life. Drinking large quantities of water eliminates many toxins from the body. In addition to forming a part of the blood, water enters into the composition of every cell of the body.[2]

Not all of the patients were privileged to enjoy pure drinking water. Table 4 will show that of the known sources of water supply, 11.7% of the patients had only well water to drink, and a smaller percentage had to drink water from a spring. Disadvantages such as these made it difficult to cope with a disease as deadly and dreadful as tuberculosis.

TABLE 4

PATIENTS CLASSIFIED ACCORDING TO TYPE OF WATER CONNECTION 1939

Type of Connection	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
City	599	84.6	313	87.9	286	81.3
Well	83	11.7	27	7.6	56	15.9
Spring	3	.4	-	-	3	.9
Unknown	23	3.3	16	4.5	7	1.9

[1] P. S. Barrett and J. C. Geiger, "How Clean Is Your House," Hygeia, XV (1937), 1005-6.

[2] Anon., "Editorial," Hygeia, XIV (1936), 381.

Type of Heat.--Heating is another element that requires care and attention in the home. A temperature of sixty-eight degrees F. is generally considered the most desirable for all round living conditions with slight variations on either side permissible to suit individual requirements. Elderly people may require a little more heat, and young people at play require much less. Moisture should be provided in an artificially heated room by some sort of humidifier, such as a pan of water on the heater.[1]

Many of the patients were unable to have a humidifier in their homes as they had no heating system that would accommodate one. Approximately one third of the patients had open grates in their rooms. One patient was listed as not having any heat at all, while the heating process of 18 patients was unknown. Often did clinic nurses find patients' families completely without fuel and consequently there was no heat during some of the severely cold weather. Many of the patients were dependent upon the relief grants which were insufficient in most cases to purchase the necessary amounts of fuel and food.

Number of Rooms As to Size of Family.--Housing has become a very popular subject during the twentieth century. The danger points of overcrowding have been revealed, but as yet all cases of overcrowding have not been remedied. Despite this fact, a great step forward has been taken recently by the various Housing Acts. In this connection, it is interesting to note that approximately one fourth of the white patients during 1937 were in families of 3 persons, the majority of whom occupied five-room households. There were 14 white families for which the number of rooms in their households was unknown, 7 of whom were families of one person only. Among the 16 Negro patients for whom the number of rooms of their households was un-

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[1] Op. cit., p. 1006.

known, 10 of them were families of only one person.

There were more Negro families occupying from 1 to 3 room dwellings than there were white families. The majority of the white families tended to occupy houses of 4 rooms and over. These figures are presented in Table 13 in Appendix C.

The Negro patients during 1939 came mostly from families of 4 persons, the majority of whom lived in 3 rooms. Families of 2 and 3 persons each represented 16% of the total group, and families of 5 persons represented 14.3% of the total. Two room households ranked second among the Negroes, despite the fact that most of the families ranged from 2 to 5 persons.

As was true of the Negroes, the white patients during the latter year came mostly from families of four persons who lived for the most part in 3 room houses. Families of 5 and 3 persons were the next sizes of note, respectively and 5 room households were of second rank. See Table 13A in the Appendix.

For the two year period it was found that patients of both races lived mostly in 3 room houses. Families of 3 persons were predominant in both races during 1937 and families of 4 persons ranked first in both races during the latter year. Though the sizes of the families increased, the household space remained about the same thereby causing the problem of overcrowding to be greater.

Number of Persons or Contacts in Households with Patients and Length of Exposure.--While some of the patients went to the samitoriums for treatment, many of them remained in their own homes and not always were their homes the most desirable places, because of low economic status, overcrowding and other unfavorable conditions. All patients, however, spent some portion of their illness in their own homes.

The total number of patients were grouped in households containing 1 to

10 persons. The average household in 1937 consisted of 4 persons, but the greatest concentration was found in the family groups of 3 persons. There was a marked decrease in the number of patients as the size of the family groups increased. This was probably due to the fact that fewer families had 10 members or more.

Family groups of 2 and 3 persons had the greatest number of Negro patients while white patients were more highly concentrated in the 3 and 4 person household groups according to Table 14 in Appendix C.

Over one third of the patients during 1939 were in households that had in them 2 or more families. Table 5 will show the distribution of such families as to race.

TABLE 5

NUMBER OF PERSONS IN HOUSEHOLDS 1939

Number of Families	Total	Race	
		Negro	White
Total	254	116	138
Two	208	102	106
Three	29	7	22
Four & over	17	7	10

In determining the number of persons in households for the latter year, it was found that 18.4% of the patients were in the 4 member family groups. Families of 2 and 3 persons made up 16% and 17% respectively of the total number. Only a small percentage of the families consisted of 10 or more persons.

Table 14A shows that among the Negro race families of 2 persons ranked first, the 3 member families were second, and the 4 member families were third. In contrast to this, among the whites the 4 member families ranked

first, and 5 and 3 member families ranked second and third respectively. These figures indicate that white families with tubercular persons were larger than the Negro families for the two year period. Some of the individuals who came in close contact with the patients became known as contacts.

> The term "contact" is applied to anyone who has been closely associated with an open case of tuberculosis. Careful study has shown that anyone who is a contact is far more likely to develop tuberculosis than is one who has not been so exposed. The chances are, in fact, probably increased at least tenfold and possibly much more. Not all contact hazards are equal. The danger varies directly with the closeness of contact and with the degree of infectiousness of the sick individual.[1]

One person with tuberculosis may spread the disease to many others with whom he comes in close contact. Once the germs are in the mouth of a healthy person they may find their way into the lungs. This is how the seed of tuberculosis is planted. Danger comes chiefly from repeated large doses of germs over a period of time.

There was a grand total of 2,081 individuals in households with patients in 1937. This number was arrived at by taking the number of patients as shown in Table 14 in the Appendix and multiplying the number in each instance by the number of individuals in the household. Among the Negro race there were found to be in the homes with tubercular patients 973 other individuals and among the whites there were 1,108 other persons in homes with patients.

By the same procedure it was found that in 1939 there was a grand total of 3,107 persons in homes with patients, 1,478 of whom were Negroes and 1,629 of whom were whites. The figures given in Table 6 show the distribution for

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[1] J. B. Naive, M.D., "The Menace of the Tuberculous Negro Domestic," delivered at the annual meeting of the Southern Tuberculosis Conference and Southern Sanatorium Association, Houston, Texas, September 16, 17, 18, 1936. Publication made possible by a grant from the Julius Rosenwald Fund.

the 2 years.

TABLE 6

OTHER PERSONS IN HOUSEHOLD WITH PATIENTS

Year	Total	Race	
		Negro	White
Total	5188	3451	2737
1937	2081	973	1108
1939	3107	1478	1629

Though there was this large group of persons in households with patients, not all of them came in direct contact with the patients, and were, therefore, not contacts. Of the 3107 individuals in homes with patients during the latter year, 2459 of them were contacts, 1145 of whom were Negroes and 1314 of whom were whites. Table 7 shows that among the total number of contacts 39.7% of them were in homes with patients for less than one year, but for the individual races 54.8% of the Negroes had been exposed to the disease for less than one year. Thirteen white individuals were exposed to the disease for 25 years and over.

TABLE 7

LENGTH OF EXPOSURE OF PATIENTS TO MEMBERS OF FAMILIES 1939

Years of Exposure	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	2459	100.0	1145	100.0	1314	100.0
Less than 1	976	39.7	627	54.8	349	26.6
1- 4	870	35.4	390	34.1	480	36.5
5- 9	382	15.5	84	7.3	298	22.7
10-14	142	5.8	36	3.1	106	8.1
15-19	66	2.7	8	.7	58	4.4
20-24	10	.4	-	-	10	.8
25 & over	13	.5	-	-	13	.9

> Unlike many other diseases which run their course in a few days or weeks, tuberculosis is usually long lasting or chronic. It begins when germs of tuberculosis (tubercle bacilli) take root somewhere in the lungs. Years may pass before these germs cause any noticeable damage or serious symptoms. But fortunately during the "seedling stage" much can be done to prevent the disease from reaching the harvest stage.[1]

Just as the persons in households of patients here concerned were exposed to tuberculosis, so had some of the patients also been exposed to tuberculosis before they became victims of the disease. In many cases they had been exposed to relatives or friends who were tubercular. Two hundred sixty one, or 36.9% of the 708 patients were aware of the fact that they had been exposed to the disease prior to their illness. Included in this number were 32 Negro males, 73 Negro females, 76 white males and 80 white females. In a number of instances as many as five and six relatives had died of tuberculosis in the immediate households of the patients. From this it is therefore, very important to detect and safeguard patients with readily communicable forms of tuberculosis.

Number of Other Persons in Room with Patient 1939.--More than one half of the patients shared rooms with other members of their households. Among those who did share the room with others there were 58.7% in the room with only one other person and there were 22.8% in the room with two other persons. At this rate it was hardly possible to keep the disease from spreading to other members of the households. The number and percent distribution of other persons in the room with patients are presented in Table 8 on page 34. In one Negro family there were six others in the room with the patient, and in one white family there were as many as eight others in the room with the patient.

Not only did patients share rooms with others, but in some cases they

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[1] Tuberculosis from 5 to 20, p. 3. Publication made possible by the sale of Christmas Seals.

also shared their beds with other individuals. One hundred ten of the Negro patients and 172 of the white patients slept in beds with other individuals. If there had been only one other person sleeping with each of the patients mentioned above, there would have been a total of 282 individuals who were in direct contact with tuberculosis, but in some instances the patient shared the bed with 2 or 3 persons.

TABLE 8

NUMBER OF OTHER PERSONS IN ROOM WITH PATIENT

Number of Persons	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	395	100.0	188	100.0	207	100.0
One	232	58.7	113	60.2	119	57.5
Two	90	22.8	42	22.4	48	23.2
Three	42	10.6	15	7.9	27	13.0
Four	21	5.3	15	7.9	6	2.9
Five & over	10	2.6	3	1.6	7	3.4

Children in Families 1939.--There were 1001 children included in the 2459 individuals who came in direct contact with tuberculosis. This number made up 40.7% of the total number of contacts. Table 9 shows that 20% of those children were between the ages of 10 and 14 years, while 18.9% were under the age of 5 years. The distribution is also presented as to races.

Tuberculosis usually begins in childhood and there are now two tests that help. One is the Tuberculin Test, a simple, harmless, practically painless skin test which shows whether or not there are tubercle bacilli in the body. It does not tell how many there may be or where they are located. The other test is the X-ray examination, or picture, which shows what damage, if any, has been done.[1]

[1] Ibid.

TABLE 9

CHILDREN IN FAMILIES AS TO AGE GROUPS 1939

Age	Total		Races			
			Negro		White	
	No.	%	No.	%	No.	%
Total	1001	100.0	340	100.0	661	100.0
Under 5	190	18.9	68	20.0	122	18.5
5- 9	198	19.9	73	21.5	125	18.9
10-14	201	20.1	71	20.9	130	19.7
15-19	140	13.9	42	12.3	98	14.8
19 & over	230	22.9	68	20.0	162	24.5
Unknown	42	4.3	18	5.3	24	3.6

If a child continues to live in a household where he will be continuously infected, there is constant danger that he will develop the serious chronic form of tuberculosis. It is, therefore, important to examine every member of the child's household to be sure that the child is not being exposed to further infection.[1]

The second reason for examining a child with the Tuberculin Test and the X-ray is that there is always a possibility that the apparently harmless and healed early form of tuberculosis may develop into the serious form when the youth begins to take on the responsibilities of adulthood. Much can be done to strengthen the child's resistance so that he will not develop the serious disease. A periodic check-up on his health will safeguard him against the tragedy of learning some day that he has a lung disease already well established even before symptoms appear. A danger that can be foreseen can usually be avoided.[2]

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[1] Ibid., p. 4.

[2] Ibid.

Families with Two or More Cases of Tuberculosis in One Household.--Not all tubercular patients in one household will consent to receive treatment and in some instances some of the cases are not recorded in clinics or sanatoriums. In 1937 there were 88 additional cases of tuberculosis discovered in families of the total number of recorded cases at A.T.A. Thirty-one of those were Negroes and 57 were whites. These cases were classified according to the size of the families. Approximately three fourths of the additional cases were concentrated in the 2 to 5 person family groups. Twenty of those cases were among the Negroes and 44 were among the whites. See Table 15 in Appendix C.

There were 259 instances where there was more than one case of tuberculosis in one household during 1939. As will be seen in Table 15A in the Appendix, 98 of them were Negroes and 161 of them were whites. The largest percentage of these cases were found in the family groups of 5 persons. There were 47 in families of this size. In each of 3 families there were 7 cases of active tuberculosis.

When clinic nurses go into homes of tubercular patients they try to encourage other members of the family to have the Tuberculin (PPD) Test. The PPD test is the new Purified Protein Derivative of tuberculin which is the active principle of Old Tuberculin. The method of injection is the same as in any other intracutaneous test. It is recommended by the Committee on Medical Research of the National Tuberculosis Association.[1]

A positive tuberculin test always means the presence of tuberculous infection. Failure to get a positive reaction, however, does not always exclude tuberculosis. Sensitiveness to tuberculin may be absent in acute

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[1] Diagnostic Standards and Classification of Tuberculosis: 1940 Edition. (New York: National Tuberculosis Association), p. 23.

miliary or generalized tuberculosis and during some infectious diseases.[1]

Cooperation given 1939.--In many instances the records at A.T.A. were closed because the patients failed to cooperate with the clinic physicians and nurses. By failing to cooperate with the clinic, patients failed to return for treatment on or near the dates specified, refused to remain in bed and take the rest cure as long as advised, refused to enter a sanatorium when space was available, were careless with their sputum, neglected to attend other clinics when there were complications, or did not cooperate in other ways.

From the records it was found that only 280 of the patients were classified as having given full cooperation. Of this number 150 were Negroes and 130 were whites. There were some who cooperated occasionally and still others who never cooperated by failing to return to the clinic after their cases had been diagnosed as positive. Home visits were made by clinic nurses and in such instances attempts were made to encourage patients to return for treatment and observation.

There were 203 patients who admitted to the use of alcohol, tobacco and snuff when their cases were first opened. The distribution of these patients was as follows: 81 white males, 85 white females, 122 Negro males and 37 Negro females. During the development of their cases there were other patients who from time to time were known to become intoxicated with alcohol, wome of whom disturbed the peace and were put under arrest.

Among those patients who cooperated occasionally there was a constant opening and closing of their cases. At the end of an allotted time the records of those patients who had deliberately refused to cooperate were reviewed by the visiting and supervising nurses and were closed by the latter.

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[1] Ibid.

From a hygienic standpoint, there were many patients whose bodies were not kept clean by a daily sponge or bath. There were, however, 593 full-time bed patients, some of whom were unable to bathe themselves. The other 115 were part-time bed patients, but some of those who were classified as full-time bed patients were given bathroom and dining room privileges, and were permitted to attend the clinic as often as advised.

Another point of sanitation that was taken into consideration was that of the reception and disposal of expectoration. All patients were advised to use the sanitary sputum cups or disposable tissue, both of which were to have been burned afterward. While the majority of them cooperated in this effort, there were others who did not use precaution, were careless with their sputum and were causing the spread of tubercle bacilli. Aside from the sputum cups or disposable tissue, there were 9 other receptacles for sputum recorded, one of which was the kitchen sink. These data are presented in Table 16 in the Appendix. It is encouraging to know that approximately three fourths of the patients cooperated in disposing of sputum by burning. Further information on the disposal of expectoration will be found in Table 17 in Appendix C.

Clinical service and advice were available to patients at all times, but unless they were willing to accept them the best results could not be obtained. There should be mutual understanding and cooperation at all times between the patient and the clinic, but there are those patients who fail to be cooperative though it is to their own advantage. Health education has gone a great step forward in solving problems of this type, but there yet remains much to be done.

Summary.--During 1937 the tubercular patients were distributed throughout 80 census tracts of Greater Atlanta, Fulton and DeKalb Counties. Negro patients were found in only 49 of those 80 census tracts while white patients

were found in 64 of them. As time passed, patients spread over a wider area of Greater Atlanta, Fulton and DeKalb Counties, and by 1939 they were found in 90 of the census tracts. Negro patients were located in 61 of the 90 census tracts and white patients were located in all except 9 of them. The greatest concentration of patients was in tract F-28 for the first year, while the greatest concentration was in tract F-18 during the second year. Tracts F-28 and F-18 have in them 96% Negro population and 74% Negro population respectively.

Approximately one half of all the Negro patients in 1937 were found in families of 2 and 3 persons, the majority of whom lived in 3-room houses, thereby causing overcrowding. Among the white patients 23.3% of them were in families of 3 persons living in 5-room houses for the same year. White patients, therefore, were not as crowded in their homes as were Negro patients.

The overcrowded condition had improved somewhat among the Negroes in 1939 in that 20.8% of them were in families of 2 persons who lived, for the most part, in 3-room houses. For the same year overcrowding became a problem among the white patients as 19.3%, the largest distribution of the total number, were in families of 4 persons, most of whom lived in 3-room houses.

The chances are greater for the disease to spread when overcrowding exists, and in 1939 there were 88 additional cases of tuberculosis discovered in families known to A.T.A. Though overcrowding was more prevalent among Negroes than among whites, there were more additional cases of tuberculosis found in white families. Again in 1939 there were more additional cases of tuberculosis among white patients than there were among Negro patients. In all, there were 259 additional cases of tuberculosis in families during the latter year.

CHAPTER V

CLINICAL AND SANATORIUM SERVICE

Because there is not adequate space in sanitoriums to care for patients, and because there are rarely facilities for caring for them in their own homes, clinics for the care of the tubercular have proved to be great assets in communities where they are located. In connection with other services that they render, they also serve as casefinding agencies.

Diagnoses 1939.--The diagnosis of tuberculosis should include a determination not only of the presence and location of a tuberculous lestion, but also of its pathological characteristics and of its danger or potential danger to the patient and his associates. Since tuberculosis in its early stages seldom produces symptoms pronounced enough to cause the patient to go to his physician, it is almost a certainty that if it is tuberculosis which has induced the patient to consult a doctor, the disease is in the reinfection phase and that it has already advanced more or less. It is highly probable that the patient will be an adolescent or an adult. In an overwhelming majority of instances it is the pulmonary form of tuberculosis with which the clinician has to deal.[1]

Since pulmonary tuberculosis in its early stages is likely to be associated with few, if any, appreciable symptoms, the problem of early diagnosis has greatly concerned physicians and other health workers.[2]

Most of the cases that became known to A.T.A. are those of pulmonary tuberculosis of various forms. The cases are either of the minimal type, moderately advanced or far advanced.

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[1] Ibid., p. 13.

[2] Ibid., p. 14.

In a minimal lesion there is slight infiltration without demonstrable excavation involving a small part of one or both lungs. The total volume of involvement, regardless of distribution, should not exceed the equivalent of the volume of lung tissue which lies above the second chondrosternal junction and the spine of the fourth or body of the fifth thoratic vertebra on one side.

The moderately advanced lesion means that one or both lungs may be involved, but the total involvement shall not exceed the following limits:

a. Slight disseminated infiltration or fibrosis which may extend through not more than the equivalent of the volume of the lung.
b. Severe infiltration, with or without fibrosis, which may extend through not more than the equivalent of the volume of one lung.
c. Any gradation within any of the above limits.
d. Total diameter of cavities, if present, should not exceed 4 cms.

When a lesion is far advanced it is more extensive than that included under moderately advanced or when there is evidence of greater cavity formation.[1]

Table 18 in the Appendix shows the various forms of pulmonary tuberculosis that were common to the patients. In instances where the cases were modified, it was found that the majority of Negroes did not seek services at A.T.A. until their cases were far advanced, whereas the majority of whites went to the clinic when their cases were only moderately advanced. For both races there was a fewer number who were discovered when they were in the minimal stage.

In the process of diagnosis patients are asked to give their first symptoms and chief complaints. Symptoms cannot be classified strictly, but the physician's judgment must be the criterion of their severity.

The following definitions are necessarily approximate:

a. None
b. Slight. Constitutional and functional functions, such as loss of weight, ease of fatigue, and anorexia are slight and not rapidly progressive. Fever, if any, should not exceed usually one-half degree F. at any

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[1] Fred H. Heise, M.D., 1000 Questions and Answers on T.B. (New York, 1935), pp. 76, 77, 78.

time during the twenty-four hours. Slight or moderate tachycardia. Cough, if any is not hard or continuous; sputum, if any, may amount to one ounce or less in twenty-four hours. Sputum may be blood stained.

c. Moderate. Symptoms of only moderate severity; fever, if any, should not exceed usually two degrees F. No marked impairment of function, either local or constitutional, such as marked weakness, dyspnea and tachycardia. Sputum should not usually exceed two or three ounces in twenty-four hours.

d. Severe. Marked impairment of function, local or constitutional. Usually there are profound constitutional symptoms, such as weakness and continuous or recurrent fever. Cough is often hard and the sputum may be copious.[1]

While 5.9% of the cases were far advanced, few of the patients stated symptoms which could be classified as severe. This may be attributed to timidity or reluctance. For the four classifications as discussed above, it was found that approximately one third of the patients were in class b, another one third in class c, and the remainder in classes a and d.

If health education programs were taken more seriously by the general public to whom they are rendered, in all probability there would be fewer patients with moderate and severe symptoms and more who have no symptoms, or slight symptoms. Early diagnosis campaigns will render this quite possible if they are adhered to by the general public. One step forward in this direction is the "Early Diagnosis Campaign" sponsored by the Atlanta Tuberculosis Association which is participated in by students from the Atlanta University School of Social Work.

Treatment Given.--Judgment of the need of treatment is a distinctly individual problem. Cases may be divided roughly into three classes: (a) those with lesions healed beyond doubt, and therefore not in need of treatment, (b) those with lesions which are actually or potentially un-

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[1] Op. cit., pp. 20-21.

stable and therefore in need of treatment, (c) those with lesions with questionable status and therefore in need of further observation. In some cases the patient had better be in bed for observation while others may continue their usual activities.[1]

The types of treatment rendered at A.T.A. have been classified here under seven main headings, namely: (1) antiluetic, (2) surgical pneumothorax, (3) pneumothorax and phrenic crush, (4) flouroscope, (5) X-ray and routine, (6) nurse services in the home, (7) others. Others include bed rest in the home or in a sanatorium, and ambulatory service with or without special diets.

The illustration in Table 19 in Appendix C shows that in 1937 routine treatment, which is the initial step, was given to 71.2% of the patients, surgical pneumothorax was given to 21%, and the remaining 7.8% received other types of treatment as mentioned above. These figures were indicative of the group as a whole and as for the individual races the types of treatment ranked the same.

The picture was somewhat different in 1939 as there were 38.6% of the patients who were given X-ray and routine services only while 27.4% were given surgical pneumothorax.

Fourteen and five-tenths per cent of the patients were confined to bed and were given nursing and medical services in their homes as needed while the remaining 9.5% were given other treatment. The majority of Negroes were given surgical pneumothorax but 25.3% of them were bed patients and were given treatment in their own homes. X-ray and routine services were given to 22.2% of them exclusively. In contrast to this, over 50% of the whites were given X-ray and routine services only. This is attributable

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[1] Ibid., p. 22.

to the fact that only 5.9% of the white patients were in the far advanced stage when they became known to the agency. See Table 19A in Appendix C.

Sanatorium Care.--Without further proof here it is an established fact that adequate sanatorium facilities are quite necessary in the fight against tuberculosis. In sanatoriums many unfavorable conditions may be avoided which might exist in homes and patients will be in a better position to take satisfactory mental and physical rest. In sanatoriums there is a daily routine which is not found in many of the homes from which patients come. Competent medical service is rendered and adequate and proper diets are provided. State sanatoriums have come as blessings to thousands of patients who are unable to pay large sums of money for treatment needed. The two sanatoriums to which patients from Atlanta and the State of Georgia are sent are Alto and Battle Hill, each of which is discussed below.

Captain William Green Raoul was the prime factor in the organization of the local Anti-Tuberculosis Association and it was largely through his efforts that the sanatoriums at Alto and Battle Hill were built. After having retired from business in November, 1912, he became determined to devote all his efforts to stamping out tuberculosis in Georgia.

He gave himself, his time and his money to the effort. As chairman of the executive committee he made a thorough study of the disease, its causes and climatic conditions conducive to cure in connection with the establishment of the State Sanatorium.

When the site for the State Sanatorium had been selected near Alto, Captain Raoul visited a number of sanatoriums in the North and East, studied the construction of their buildings and consulted with the National Association for the Study and Prevention of Tuberculosis as to the best plans of construction. Combing the best in all of them and taking climatic conditions into consideration, he had plans drawn for the Georgia buildings.

In 1908 the Legislature appropriated $25,000 for the erection of Alto Sanatorium and another $85,000 in 1911. The institution is two miles from the little station of Alto (now known as Raoul, Georgia) in Habersham County and is eighty-five miles from the city of Atlanta. It is built on the main ridge of the Blue Ridge Mountains which divides the Chattahoochee on the one side and the Savannah River on the other. It has all aids for the restoration of health. It occupies 250 acres and is 1600 feet above sea level. Original accommodations were for seventy only and on the opening date, March 23, 1911, seven patients were admitted. Those who were admitted were white citizens who had been residents of the state for at least one year and were in a curable stage.

The city of Atlanta and Fulton County joined in establishing Battle Hill Sanatorium. Captain Raoul and Mr. Steve R. Johnston began the movement and the necessary money was soon secured. Battle Hill is five miles from the city of Atlanta near the end of the West View Street car line. There are 37 acres of land on a high elevation over-looking the city and affording a splendid view of the surrounding country for many miles. The tract of land cost $7,000 and the buildings were completed in May, 1911.

Only white patients were admitted at the beginning, the only restriction being that patients must be residents of Atlanta or Fulton County for at least two years. They were admitted whether they were able to pay or not, but there was a small fee for those who were able to pay. All types of cases were received.

Captain Raoul's experience was indispensable in the selection of plans for Battle Hill, but when it was completed he was not satisfied with the work that he had done. He had erected through his own contribution a special cottage on the Sanatorium grounds for the care of children suffering from tuberculosis. It became known as the "Children's Preventorium",

and when it was completed he presented the cottage to the city. At his death in 1913 he left $50,000 to fight tuberculosis which was then commonly called the White Plague.[1]

Often when beds have been secured for patients to enter one of the Sanatoriums they are unable to enter because they lack the necessary equipment. In such instances the A.T.A. Clinic provides patients with those things that are needed. Donations of clothing are made by the Needle Work Guild and other organizations. The patients are not all given the same equipment as their needs are different. Supplies are given to meet the individual needs.

The following is a list of supplies that were given one patient in order that he might enter the Sanatorium:

1 coat sweater	$1.98
4 pairs of pajamas	4.00
1 knitted sweater	.89
3 undershirts	.89
3 pairs of shorts	.75
Comb and brush	.30
Razors	.10
Mirror	.10
Hat	1.25
House slippers	1.65
Water bottle	1.00
1 bath robe	2.29
2 top shirts	1.50
1 pair of trousers	1.50
3 pairs of socks	.45
Tooth brush	.10
Tooth paste	.30
Shaving mug	.15
	$19.20

One hundred and twelve or 20.1% of the 556 patients were under sanatorium care during 1937. It was interesting to note that 56 of them were Negroes and 56 were whites. Battle Hill cared for 84.9% of them and Alto

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[1] The Atlanta Constitution, November 9, 1912.

cared for 13.3% while other sanatoriums cared for the remaining 1.8%. As is shown in Table 20 in the Appendix there were more Negro patients admitted to Battle Hill than there were white patients, and on the other hand, there were more white patients than there were Negro patients admitted to Alto.

In instances where patients were cared for in sanatoriums other than Alto and Battle Hill some of them had not been residents of the state long enough to be eligible for admittance and in some cases they were returned to the states where they could claim residence. Some few of the patients were sent to Government Hospitals, and in two instances patients were sent to hospitals for the insane.

Table 20A in Appendix C shows that there were 12 patients fewer under sanatorium care in 1939 than there were in 1937. Forty-nine Negroes and 51 whites represented the number of patients out of 708 who were admitted to sanatoriums. Proportionately the percentage for the two years remained about the same. As was true in 1937, so were there more Negroes admitted to Battle Hill in 1939, and more whites were admitted to Alto Sanatorium. Nine patients were cared for in other sanatoriums.

Summary.--For the year 1939 it has been shown here that most of the Negro tubercular patients were already in the far advanced stages of tuberculosis before they reported to the clinic for treatment. On the other hand, most of the white patients went for treatment when their cases were only moderately advanced. This meant that the chances for improvement were greater among the whites each year.

Many of the patients received only X-ray and routine service for each year and surgical pneumothorax came next.

Battle Hill Sanatorium cared for most of the Negro patients and it was found that in 1937 that Sanatorium cared for 84.9% of the total number of

patients and in 1939 it cared for 75% of the total number.

CHAPTER VI

PATIENTS WHO LIVED AND PATIENTS WHO DIED

1937 AND 1939

There were the fortunate patients who represented the survival of the fittest at the end of each year, and also the unfortunate ones who were overcome by death. Many of the survivors, however, were later attacked with a recurrence of the disease, some of whom were able to overcome it again and some of whom never recovered. A discussion of those who lived and of those who died appears below.

Those Who Lived.--For those patients who were under sanatorium care, some remained in them until they were dismissed with their cases arrested or apparently cured, while others left against the physicians' advice before the desired results had been obtained.

> Every year approximately 20,000 persons are discharged from tubercular sanatoriums in the United States as "arrested" or "apparently arrested" cases. Men and women in the prime of life, the majority between the ages of twenty and thirty, have the full approval of the sanatorium physicians when they leave as persons who are physically capable of adjusting themselves again to normal living.
>
> These people are grateful to the sanatorium to which they owe their lives, eager to get back into the active business of living and confident of retaining the health that has been restored to them. They tell themselves that there is no magic formula about life in a sanatorium, that it should be possible to apply the principles learned there to life outside and to obtain those simple requisites of continuing health in wholesome food, fresh air, plenty of rest and freedom from worry. Knowing what kind of exertion and exposure and what living and working conditions to avoid, they hope for an opportunity to work moderately and to enjoy life that their experience has taught them to appreciate.
>
> ...Experience indicates that between one fourth and one half of these discharged patients will be dead or back in the sanatoriums within five years. This estimate cannot be dismissed lightly with the conclusion that a high mortality rate is to be expected in tuberculosis. The tragedy is that most of the deaths and recurrence could be prevented.[1]

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[1] Alice L. Moore, "Health So Hardly Won," Survey, LXXV (Feb., 1939), p.43.

> It was formerly held that only outdoor occupations were suitable for the discharged tuberculous patient, but now it is almost generally agreed that almost any occupation is suitable that does not require too much exertion or too long hours, and that can be engaged in uder conditions generally regarded as healthful, such as the absence of excessive dampness, dust or fumes.[1]

The figures below show that during 1937 there were 403 or 72.5% of the patients still living at the end of the year. Though there were more Negro than white patients registered at the beginning of the year, there were more white patients to survive than there were Negro patients.

TABLE 10

STATUS OF PATIENTS DECEMBER 31, 1937

Status of Case	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	556	100.0	281	100.0	275	100.0
Living	403	72.5	170	60.5	233	84.5
Dead	153	27.5	111	39.5	42	15.5

The figures were likewise computed for the patients of 1939 and Table 11 on the following page shows that at the close of the year there were still 76.9% of the patients still living which was an increase of 6.4% over the former year.

Until recently there has been a certain apathy, if not indifference, on the part of workers among the tuberculous as to what happens to patients after they leave the sanatorium. Nurses and social workers seem to be concerned chiefly with getting patients into sanatoriums and the sanatorium

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[1] Ibid., p. 44.

TABLE 11

STATUS OF PATIENTS DECEMBER 31, 1939

Status of Case	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
Living	559	78.9	239	67.1	320	91.0
Dead	149	21.1	117	32.9	32	9.0

people feel that they have done their part when their patients are able to go out into the world again. Maintaining the health so hardly won is left largely to circumstances.

> Left to their own resources, discharged patients find their tuberculous experience an almost unsurmountable handicap. They must, to obtain employment, give an account of their immediate past, and they might better confess to a term in the penitentiary than to a "term" in a tubercular sanatorium. Even though the prospective employer may have no fear of contact on his own account, he is afraid of the fears of his other employees, customers, clients, and what not. The mental anguish suffered by ex-sanatorium patients from repeated rebuffs in their efforts to find work, together with an ever growing sense of futility, contributes just as much toward inevitable breakdown as does the lack of financial resources to pay for adequate food, clothing and living quarters.[1]

This is one of the points at which the professional social workers might step in and play their important roles. The sanatorium superintendents, clinic nurses and physicians do not make the actual contacts that are necessary for vocational rehabilitation of the discharged patients. This is most effectively done by people who are especially trained for that service and are working in employment agencies, Family Welfare Bureaus, or other agencies of a social work nature. These trained workers make an

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[1] Op. cit.

attempt to bridge the gap by use of public health measures. They have the time to contact employers and attempt to educate them to the fact that there is far less danger of infection from arrested cases of tuberculosis than from unsuspected cases. In all probability, the discharged patient will be very efficient and a conscientious worker because of his sanatorium experience.

> A survey which was made in 1938 with the cooperation of the rehabilitation department of the National Tuberculosis Association shows that out of the thousands leaving sanatoriums throughout the United States annually, less than 2000 receive any training whatever toward occupational readjustment, and that most of this comes under the heading of occupational therapy, which while helpful in contributing to the mental health of the patient, is valueless as a means of earning a living. Some few sanatoriums provide instructions in typing, shorthand, bookkeeping, sewing, carpentry, shoe repairing, and in other practical lines; but such training is so rare as to be almost negligible. In a few states convalescent camps and sheltered workshops offer opportunity to a limited number to become physically adjusted before enabling normal employment. The few organizations which offer such services function well, but they are scattered and serve only limited communities. Most localities have nothing whatever to offer to the tuberculous in the way of specialized placement service.
>
> The reason for this gap seems to be: first, that trained workers, qualified to find employment for the tuberculous, are expensive and that funds are not available to pay them; second, that the prejudice of the public against employing the tuberculous is held to be too deep seated to overcome.
>
> It would seem to be more effective to place less emphasis on the avoidance of contact with tuberculosis and more on the building up of resistance against it by proper living. This might result in encouragement, rather than discouragement for those who are struggling to survive and might make the attitude toward the tuberculous less of an example of "man's inhumanity to man."[1]

Those Who Died.--Since 1900 there has been a steady decrease of all deaths (per population) in the United States. Tuberculosis deaths have decreased even more rapidly. In 1900 every ninth death was due to tuberculosis. In 1910 every tenth; in 1920 every twelfth, and in 1934 every nineteenth.[2]

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[1] Ibid., p. 44.

[2] Tuberculosis, National Tuberculosis Association (1939), p. 27.

Deaths from tuberculosis among Negroes are about three times as many as among whites. However, the number of deaths among Negroes has decreased as rapidly as among whites. Today tuberculosis deaths among Negroes are relatively as many as deaths among whites in 1910.[1]

Some of the things that have been contributory toward reducing the death rate of tuberculosis have been discussed in previous chapters, such as health education, early diagnosis campaigns, use of clinics and sanatoriums, and examination of contacts.

Unfortunately, many patients are unwilling to report to the clinic for examination until they are already in the far advanced stages of tuberculosis. The odds are against such patients and they help to make up the annual death toll. At the end of 1937 there were 153 of the total number of patients who had died, two thirds of whom were Negroes and one third of whom were whites. Table 21 in Appendix C presents the data as to races and sexes. There are 5 more Negro females than there were males and more than twice as many white males as females who died from the disease.

While the average age of all patients who died was approximately 35 years, the average age for all Negro patients was 29 years as compared with 42.5 years for the white patients. Negro patients died 13.5 years younger than did white patients. Beside lack of bed space, tuberculosis mortality among Negroes had its heaviest incidence at a younger age period than for whites because of unfavorable sanitary conditions and low economic value.[2]

Of the Negro patients who died, 72% were between the ages of 20 and

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[1] Ibid.

[2] Charles S. Johnson, "Should We Expect More from the Negro in the Solution of His Own Problems?" Delivered at the annual meeting of the Southern Tuberculosis Conference and Southern Sanatorium Association, Knoxville, Tenn., October 9, 10, 11, 1934. Publication financed by Rosenwald Fund.

40 years, whereas only 49% of the white patients were in this age group. Negro female patients died at the average age of 28 years and Negro male patients at the age of 30 years. Forty per cent of the Negro male patients who died were between the ages of 15 and 35 years and 34 of the 53 male patients were in the same age group.

White female patients died at the average age of approximately 49 years. Between the ages of 10 and 13 years, 10 of the white female patients died and 21 of the 29 white males who died were also in this age group.

Figures in Table 19 in the Appendix show that 12.9% of the Negroes and 5.9% of the whites were in the far advanced stages of the disease before reporting to the clinic for examination. This, in part, accounted for the fact that a little better than one fifth of the patients had died at the end of the year in 1939. One hundred seventeen of those were Negroes, 39 of whom were males and 78 of whom were females. A relatively smaller number represented the white patients who died. There were 20 white males and 12 females, making a total of 32 in all. From this it is seen that there were more than three times as many Negroes as there were whites who died. See Table 21A in the Appendix.

For the latter year the death rate for the Negro females was exactly twice that of the Negro males, and again there were more white males than there were females who died. Of all the patients who died, 20.1% were between the ages of 25 and 29 years. Twenty-one and four tenths per cent of all the Negroes who succumbed were in this age group, but 78.7% of all the Negroes who died were between the ages of 15 and 39 years. The frequencies show that Negro females died about 20 years younger than did Negro males.

There were 5 white patients who died between the ages of 25 and 29 years, 4 of whom were male and 1 of whom was a female. There were also 5 white patients who died between the ages of 35 and 39 years, 2 of whom were

males and 3 of whom were females. Fourteen of the 20 white males died between the ages of 25 and 54 years. Three persons represented the largest number of white females in any age group, and they were found in the age group from 35 to 39 years. This indicated that the majority of white females lived about one half as long as did the white males.

For the two years it is seen that the greatest percentage of the total number of patients died between the ages of 25 and 29 years, but in considering the races separately, Negro patients were found to have died younger during both periods. More Negro female patients died younger in both instances than did Negro male patients.

> The tuberculosis problem among the Negro is serious and appears to be accentuated among the Negro females. Girls and young women between the ages of 15 and 25 years are and apparently always have been more likely to die of tuberculosis than any other group in the population. Many theories have been evolved to explain the situation and to provide the basis for preventive efforts.
>
> Among the theoretical causes familiar to the young women themselves, who hear them in parental admonitions, are the diet fad and desire for a slender figure; flimsy dress; cigarette smoking; excess of the "jazz age"; and the increasing industrialization of women. All these can be thrown out, it appears from studies conducted by Edna E. Nicholson of the National Tuberculosis Association....
>
> Her studies show that the reason for the high tuberculosis mortality among girls and women of this age group is simply that they are girls and women of this age. The psychic and physical changes of adolescent and early adulthood in girls causes them to be unusually susceptible to tuberculosis.
>
> The tuberculosis death rate will probably always be higher among this group than any other group in the population, Miss Nicholson says, but many lives can be saved by recognizing the fact that these young women are unusually susceptible, and by having them examined regularly and carefully to detect the first signs of the disease.[1]

Tuberculosis is admittedly a disease of poverty and the Negro race occupies our lowest economic stratum with concomitant overcrowding and poor housing, inadequate medical care, malnutrition and lack of education. That these combine to constitute an environmental factor which accounts in every

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[1]"Protecting Young Women against Tuberculosis," Science News Letter, XXXV (January 7, 1939), p. 8.

considerable part for the excessively high death rate from tuberculosis would be almost universally conceded.[1]

The decline in tuberculosis is one of the greatest triumphs of scientific medicine. This decline has taken place in percentage of infections, morbidity and mortality. It represents a higher plane of living for the tuberculous people and demonstrates the power of knowledge over ignorance.

Throughout all ages tuberculosis has been the greatest destroyer of human life and greatest blighter of human happiness. It has caused more suffering from deaths than all wars and pestilence for it has marched on every year, every month, every day, taking its toll. It has at last yielded its place at the head of mortality tables and assumed seventh place, so it can no longer be called "Captain of the Men of Death." The number of persons dying of tuberculosis today is surpassed by those dying of heart disease, pneumonia, cancer, cerebral hemorrhage, renal disease and accidents. If we are to inquire what has wrought this change, we cannot attribute it to any one thing, but to many. The control of tuberculosis has scientific, economic and social aspects of prime importance.[2]

Total State and County Tuberculosis Death Rate.--It is shown in Table 22 in Appendix C that in 1937 there was a slight decrease in the total number of deaths caused from tuberculosis in Fulton County as compared with those during the previous year; there were 40 persons less who died. During 1936 the death rate among the whites was 47.0% per 100,000 population, and 232.2% among the Negroes. Though the death rates were not provided separately for the races during 1937, the rate for both races was 91.7% per 100,000

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[1] Report of the Committee on Tuberculosis Among Negroes (National Tuberculosis Association, New York, 1937), p. 16.

[2] F. M. Pottenger, "Conquering Tuberculosis," Hygeia (January, 1932), p. 305.

population.

There was one person less to die in DeKalb County during 1937 than there was during 1936. Among the whites the death rate was 36.1% and among the Negroes it averaged 104.9% per 100,000 population. In 1937 the death rate was 46.0% per 100,000 in DeKalb County for both races.

There were 267 deaths from tuberculosis in Atlanta (Fulton County) in 1936. Of this number, 82 were whites and 185 were Negroes. The total death rate for the year was 106.1% per 100,000 population. In Atlanta (DeKalb County) for the same year there were 7 deaths, 5 of whom were whites and 2 of whom were Negroes. The total death rate for the year in that same area was approximately 27.7%. This made a grand total of 274 deaths in Atlanta (Fulton and DeKalb Counties) in 1936.

In Atlanta (DeKalb County) and DeKalb County at large, the death rate among the whites was slightly higher than that among the Negroes in 1936. This can be attributed to the fact that the Negro population in those sections was quite negligible. In all other instances the Negro death rate was more than two times as great as that of the whites.

For the entire state of Georgia in 1936 the total death rate was 56.1% per 100,000 population. The rate for the white population was 33.3% while that for the Negroes was 96.3% per 100,000 population. Again, this indicates that the death rate for the Negroes is three times as great as that of the whites.

The 1939 figures, which were supplied to the A.T.A. on June 10, 1940, are still subject to change at the writing of this report, but standing as they are, there were more deaths among the total population per 100,000 in Fulton County (including Atlanta) during the last two years than there were during the first two years.

Figures for Atlanta (Fulton County), Atlanta (Fulton and DeKalb Counties)

and Atlanta (DeKalb County) are not included for 1937, but for the first and second areas there were more deaths during 1937 and 1939 than in 1936. There were fewer whites to die in each instance, but more Negroes, thereby making the grand total larger. In Atlanta (DeKalb County) the total number of deaths was greater in 1938 and 1939 than in 1936. Deaths in this area increased by three for the whites in 1938 and decreased by three in 1939, thereby causing the number to remain at five as was true in 1936. Deaths among Negroes were increased by six in 1938 and in 1939.

Though statistics show that tuberculosis death rates are on a decline throughout the country as a whole, these figures show that in the vicinity of Atlanta, Fulton and DeKalb Counties there is a slight increase which shows up most markedly in the Negro race.

This further proves that the problem of tuberculosis is still one of major concern to most communities. The method of case finding and control of the disease depends largely upon the local prevalence of the disease and upon the personnel and resources that are available. The health education department of the Atlanta Tuberculosis Association sponsors each year programs that are helpful in this respect. These programs are only helpful, however, when the public at large is willing to accept them, and to cooperate whole heartedly in the early diagnosis campaigns and other preventive measures which are available at all times. The public health physicians and public health nurses are indispensable in this connection as theirs is more of a program of prevention, and it is still believed that "an ounce of prevention is worth more than a pound of cure."

Summary.-More than one third of the patients known to A.T.A. during 1937 had died by the end of the year, most of whom were Negro females. In connection with this, there were four times as many Negro females to die as there were white females.

It was not encouraging to note that more than one fourth of the patients who were known to A.T.A. in 1939 had died at the end of the year. This increase in deaths showed up most markedly. During each year Negro patients died at a younger age than did the white patients.

In considering the total State and County tuberculosis death rate, it was found that there was a slight decrease in the total number of deaths caused from tuberculosis in 1937 than in 1936. Then there were more deaths from tuberculosis in 1938 and 1939 per 100,000 population than there were in 1936 and 1937. It has been pointed out that throughout the state as a whole the tuberculosis death rate is on a decline, but in the vicinity of Atlanta, Fulton and DeKalb Counties there has been a slight rise in the death rate.

One of the greatest obstacles in fighting tuberculosis is ignorance. The first step, in tuberculosis control, is to educate the masses toward using all preventive measures in helping to wipe out the dreadful disease. This is a challenge for all who will volunteer to fight in the great war against tuberculosis.

CHAPTER VII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

There were 1606 patients with positive cases of tuberculosis under care at the Atlanta Tuberculosis Association during 1937 and 1939. In 1937 there were 898 patients and in 1939 there were 708 patients. This indicates that there were 190 patients less in 1939 than in 1937.

Only 1264 patients are being considered here as all of the records in 1937 did not contain sufficient information to be used in the study. In considering the 556 patients of 1937 and the 708 patients of 1939 the distribution for the two years was as follows: 352 white males, 275 white females, 267 Negro males and 370 Negro females.

Each year most of the Negro patients were referred to the Atlanta Tuberculosis Association by Grady Clinic which serves charity patients, and most of the white patients were referred by private physicians. There were more Negro than white patients during each year and Negro females made up the largest separate group while white males made up the second largest group.

The ages from 25 to 29 years were common to the total group of patients for each year, but in considering the races separately, it was found that most of the white males were between the ages of 35 and 39 years in 1937 and most of the white females were between the ages of 30 and 39 years. During the same year the majority of the Negro males were between the ages of 35 and 39 years while the majority of the Negro females were between the ages of 25 and 29 years. During 1939 the white males, for the most part, were five years older than those in 1937 when they became victims of the disease, whereas, white females became victims of the disease at an age group ten years younger than those of the previous period. The age group for Negro males was fifteen years older in 1939 than it was in 1937, while

that of the Negro females remained the same.

It was found that in 1937 there were 48% of the patients married while 26.3% of them were single. In 1939 there were 51.7% of the patients married while 25.9% of them were single.

Many of the patients had received very little formal education, but with the distribution of health education literature and the advent of public health lectures and movies, better cooperation was given the clinic physicians and nurses, private physicians and others in helping the patients to get well. Public health measures have proved quite beneficial to the patients as well as to the public at large in the fight against tuberculosis.

Of those patients who had attended school more than one half of the total number had gone beyond the sixth grade, but in considering the races separately it was found that most of the white patients had attained the eighth grade.

The leading occupation in which the patients had been formerly engaged was that of domestic and personal service. There were ten times as many Negroes as whites in this service in 1937 and more than twice as many in 1939. Manuafacturing and mechanical industry was the second leading occupation among the patients. Whites outnumbered Negroes in this service three to one in 1937 and in 1939 the ratio was two to one.

The average weekly income of all families in 1939 was $13.36, while the average weekly income of all the families in 1937 was $12.41. This indicates that the total number of families in 1937 received 95 cents less per week than did the families of 1939.

During 1939, 20.7% of the patients were found to have lived in Fulton County from one to four years, and 17.5% of them were found to have lived in the County 25 years and over. The patients had to become citizens of the County before they were eligible to receive treatment at the Atlanta

Tuberculosis Association.

Of the 708 patients in 1939 only 71 of them were home owners, 17 were buying, 31 were living with relatives or friends, 571 were renting, and for 18 of them, the status of their homes was unknown. Of the total number of patients 38.4% of them had lived in their present places of abode for less than one year. Most of the patients were living in low cost rent houses which were rather shabby and dilapidated. The ventilation and light as determined by the visiting nurses were poor and not all of the places of abode were provided with pure drinking water. Well water was used by 11.7% of the patients and .4% of them used spring water.

For the convenience of making studies of various sorts, Atlanta has been divided into permanent census tracts. In 1937 it was found that 5.4% of the Negro patients were located in Tract F-28 and 5.1% of the white patients were located in Tract F-21. In 1939 Tract F-28 had 8.1% of the Negro patients in it and Tract FC-13 had 5.7% of the white patients in it. Tract F-28 is located only a few blocks from the Atlanta Tuberculosis Association, and Negroes make up 96% of the total population of that tract.

For both years the majority of Negro patients lived in families which consisted of three members who lived, for the most part, in from one to three rooms. In 1937 there were more white families of three members each and in 1939 there were more white families of four members each. Their living space for each of the years averaged three to six rooms.

In 1937 there was a total of 2091 persons or contacts in households with tuberculous patients. On the other hand, in 1939 there 2459 contacts in households with patients and of this number 1145 were Negroes and 1314 were whites. Further study showed that 54.8% of the Negroes had been exposed to the disease for less than one year, while 26.6% of the whites had been exposed for less than one year. It was also found that in 1939,

34.1% of the Negroes were exposed to other members of the family from one to four years and 36.5% of the whites were exposed to their families for the same length of time. There were 13 instances in the 1939 group where tubercular patients were exposed to members of households for 25 years and over.

Overcrowding in small households increases the number of contacts and unless early diagnoses are made, the number of patients is also increased. There was each year a relatively small number of patients who consented to enter the sanitoriums, but if more of them had gone early enough, it is quite probable that the mortality rate would have been reduced considerably. Segregation should be encouraged, even if it is within the home and all precautions should be taken at all times.

More than one half of the patients shared their bedrooms with other members of the family. Of this number 58.7% of them were in the room with only one other person; 10.6% were in the room with three other persons; 22.8% were in the room with two other persons; 10.6% were in the room with three other persons; 5.3% with four others and 2.6% with five others and over. One hundred ten Negro patients and 172 white patients shared beds with other individuals. In some instances there were two and three other persons in the bed with the patient.

There were 1001 children included in the total number of 2459 individuals who came in direct contact with patients; 20% were between the ages of 10 and 14 years and 18.9% were under the age of 5 years. There were almost twice as many white children as there were Negro children in families of the tuberculous patients. If children, who are contacts, are sent to the Children's Preventoriums early enough, many cases of tuberculosis will be arrested in childhood.

In 1937 there were found to be 88 additional cases of tuberculosis in

families beside those registered at Atlanta Tuberculosis Association, 31 of whom were Negroes and 57 of whom were whites. Unfortunately, there were 259 instances in 1939 where there was more than one case of tuberculosis in one household, 98 of whom were Negroes and 161 of whom were whites. In each of three families there were seven cases of active tuberculosis. These were found in one white and two Negro families. The fact that the number of additional cases of tuberculosis tripled itself in 1939 as compared with that of 1937 was accounted for by the incident that the sizes of families increased while the amount of living space in households remained the same.

During 1939, 54.3% of the patients were found to be quite cooperative in the use of sputum cups or disposal tissue for the reception of their sputum. Seventy-nine and one tenth per cent of the patients disposed of their sputum by burning only.

Almost all of the patients were found to have had pulmonary tuberculosis, either in the minimal, moderate or advanced stages. The majority of Negro patients in the latter year did not report to the clinic for treatment until they were in far advanced stages, whereas most of the white patients reported for treatment while they were still in the moderately advanced stages. Because most Negro patients were already in the far advanced stages of tuberculosis when their cases were diagnosed, this is proof that more emphasis should be put on early diagnosis and that case finding should have a prominent place in the program of tuberculosis control.

Only X-ray and routine services were given most of the patients while surgical Pneumothorax treatment ranked second.

Twenty and one tenth per cent of the 556 patients were under sanatorium care in 1937, 56 of whom were Negroes and 56 of whom were whites. Battle Hill Sanitorium cared for 84.9% of the 112 patients; Alto Sanitorium cared for 13.3% of them, and other sanitoriums cared for the remaining 1.8%.

Most of the Negroes were admitted to Battle Hill while most of the whites were admitted to Alto. Of the 708 cases of tuberculosis in 1939 there were 100 of the cases under sanitorium care, 49 of whom were Negroes and 51 of whom were whites.

In 1937 approximately 27.5% of the patients died, more than one half of whom were Negroes. During the latter year 21.1% of the patients died and of this number there were more than three times as many Negroes as there were whites. There were more Negro females to succumb than there were of any other group. Negro females were also found to be the youngest victims of the disease while white males were the next youngest group who died from tuberculosis. Negro males became victims of tuberculosis from 10 to 15 years earlier than did white males, and the latter group, therefore, lived to be older than did the other patients.

In 1937 there were more than twice as many white males who died than there were white females. During that year there was not a great difference in the deaths among the Negro sexes. In 1939, however, the death rate of Negro females was exactly twice that of Negro males, and again, there were almost twice as many white males as there were white females who died.

Though statistics show that the general tuberculosis death rate is on a decline, figures as supplied by the Georgia State Board of Health Statistical Department show that in the vicinities of Atlanta, Fulton and DeKalb Counties there is a slight increase for the years 1938-1939 as compared with the years 1936-1937 which shows most markedly in the Negro race. It is true that there were fewer deaths in 1939 than in 1937, but the increase for the last two years has been noted.

Even though the health education program has come a long way, there is yet much to be done in the field of tuberculosis, and especially is this true in the vicinities of Atlanta, Fulton and DeKalb Counties where the

death rate was slightly increased in 1938 and in 1939. If occupational therapy is stressed more and follow-up services are rendered to individuals whose cases have been apparently arrested, it is believed that they will make a better adjustment when attempting to take their places again among a world of busy people.

Recommendations.--The writer wishes to make the following recommendations:

1. That the public health programs put more emphasis on case finding and early diagnosis of tuberculosis.

2. That individuals be continually educated as to the value of entering a sanatorium while there is still a fighting chance for recovery.

3. That compulsory measures be instituted in cases where there are tuberculous patients in households who refuse to take treatment of any sort, or to use precautions, or to isolate themselves from other members of the family.

4. That all families who have children inclined to be tuberculous be encouraged to let their children enter the Children's Preventorium in order that they may be protected against developing quick or chronic cases of tuberculosis.

5. That home visits be made more frequently to patients by visiting nurses or social workers.

6. That studies similar to this be made from time to time in order that the trends and characteristics of the cases may be noted.

APPENDICES

APPENDIX A

POSITIVE CASES OF TUBERCULOSIS KNOWN TO ATLANTA TUBERCULOSIS ASSOCIATION 1939

IDENTIFICATION

Name_____ Address_____ Census Tract___

County_____ Telephone_____ Age_____ Sex_____ Race_____

Nativity_____ Marital status_____ No. of children_____

Children under 5_____ 5 to 9_____ 10 to 14_____ 15 to 19_____

Grade completed_____

WORK, INCOME & EXPENDITURES

Employed at present_____ Character of work_____

Wages_____ Former occupation_____

Present source of income_____ Automobile_____

Radio_____ Insurances_____ Lodges_____

Clubs_____ Church connection_____

LIVING CONDITIONS

Type of house_____ No. of stories_____ Material_____

No. of rooms_____ No. of families_____ Water connection_____

How heated_____ Ventilation_____ Light_____ Own home___

Rent_____ Monthly rent_____ General condition of building_____

Cleanliness within_____ How long in present place_____

ILLNESS

Source of application_____ Known contact_____

Date of opening_____ Chief complaint_____

First symptom_____ Diagnosis_____

ILLNESS (Continued)

Clinical treatment given _____

Careful _____ Temperate _____ Cooperative _____ Special diet _____

Sanatorium care _____ If closed, give date _____

Length of exposure _____ Separate bed _____ Separate room _____

Others in room _____ Daily hours in bed _____ Out of doors _____

Baths (None, daily, weekly) _____ Expectoration received into _____

Disposal of expectoration _____

Status of case December 31, 1939 _____

Remarks _____

_____

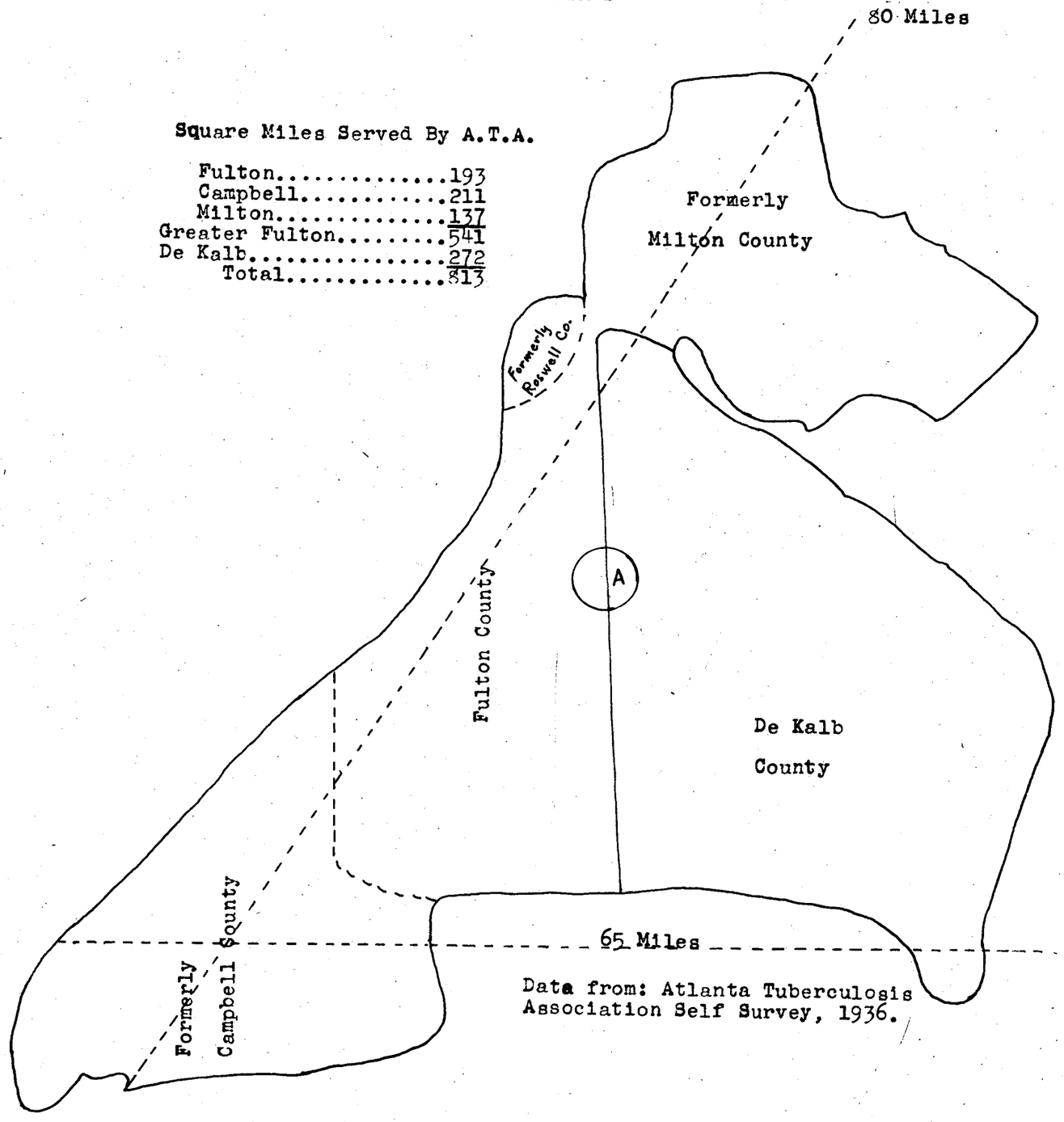
_____

_____

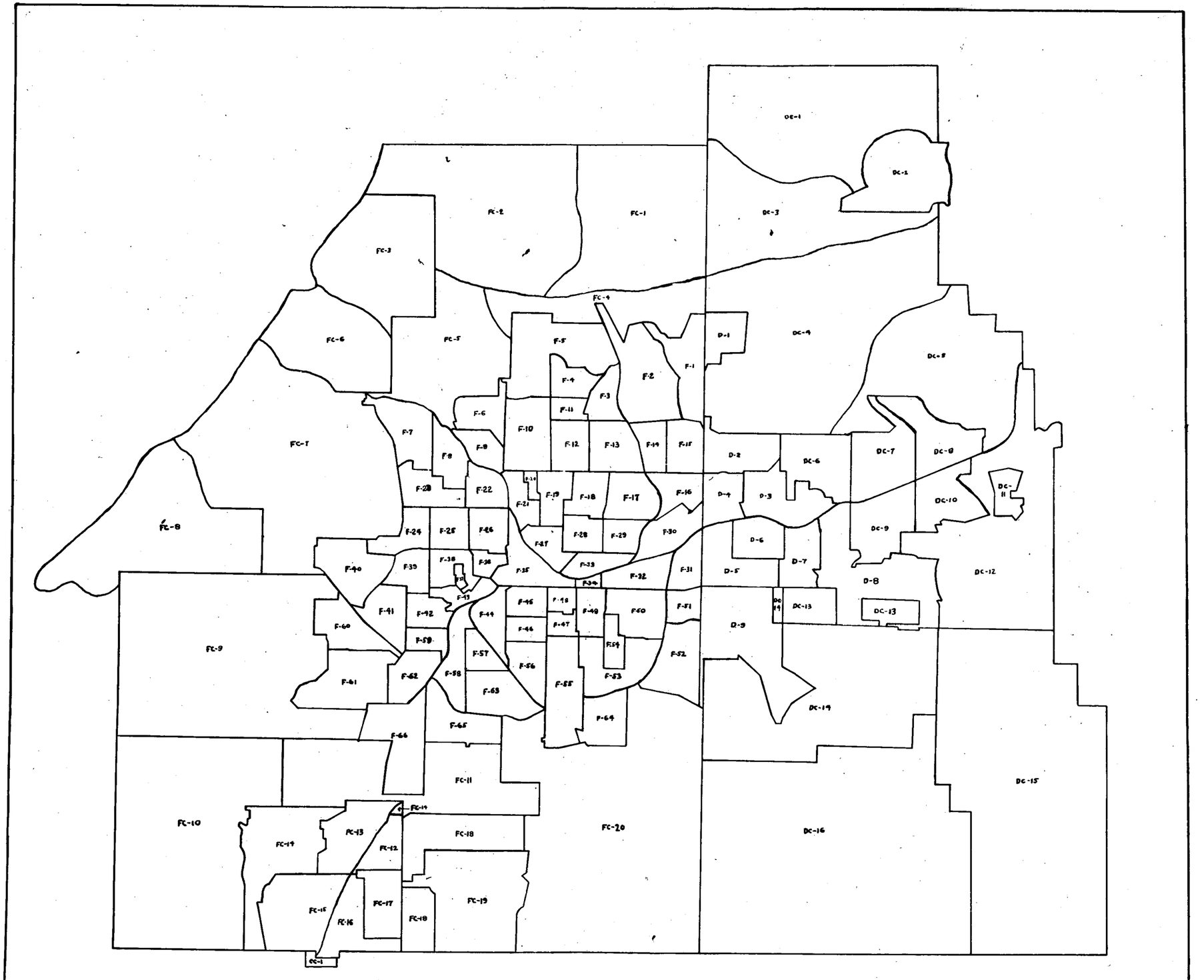
APPENDIX B

Square Miles Served By A.T.A.

Fulton	193
Campbell	211
Milton	137
Greater Fulton	541
De Kalb	272
Total	813



Data from: Atlanta Tuberculosis Association Self Survey, 1936.



METROPOLITAN ATLANTA

APPENDIX C

STATISTICAL TABLES

TABLE 1

NUMBER OF CASES OF TUBERCULOSIS CLASSIFIED ACCORDING TO RACE AND METHOD OF REFERRAL - 1937

Referred By	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	556	100.0	281	100.0	275	100.0
Self	46	8.3	21	7.5	25	9.1
Doctor	129	23.2	53	18.9	76	27.3
Nurse	62	11.2	24	8.5	38	13.9
Social Worker or Agency	24	4.3	1	.4	23	8.4
Friend or Neighbor	35	6.3	12	4.2	23	8.4
Grady Clinic	196	35.3	155	55.2	41	14.9
Relatives	18	3.2	4	1.4	14	5.2
Others	46	8.2	11	3.9	35	12.8

TABLE 1-A

NUMBER OF CASES OF TUBERCULOSIS CLASSIFIED ACCORDING TO RACE AND METHOD OF REFERRAL - 1939

Referred By	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
Self	42	5.9	12	3.4	30	8.5
Doctor	158	22.3	65	18.2	93	26.4
Nurse	76	10.7	41	11.5	35	9.9
Social Worker or Agency	52	7.4	8	2.3	44	12.5
Friend or Neighbor	57	8.1	21	5.9	36	10.2
Grady Clinic	248	35.0	188	52.8	60	17.1
Relatives	34	4.8	11	8.0	23	6.6
Others	41	5.8	10	2.9	31	8.8

TABLE 2

NUMBER OF OPEN CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1937

Age	Total		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%
Total	556	100.0	248	100.0	113	100.0	135	100.0
Under 5	1	.2	-	-	-	-	-	-
5 - 9	3	.5	-	-	-	-	-	-
10 - 14	7	1.3	2	.8	1	.9	1	.8
15 - 19	31	5.6	8	3.2	3	2.6	5	3.7
20 - 24	81	14.6	31	12.5	7	6.2	24	17.7
25 - 29	110	19.8	48	19.3	11	9.8	37	27.4
30 - 34	82	14.7	36	14.5	13	11.5	25	17.1
35 - 39	75	13.5	40	16.1	21	18.5	19	14.1
40 - 44	45	8.1	22	8.9	11	9.8	11	8.1
45 - 49	47	8.5	23	9.3	17	15.0	6	4.4
50 - 54	33	5.9	15	6.1	14	12.4	1	.8
55 - 59	23	4.1	14	5.7	10	8.8	4	2.9
60 - 64	5	.8	4	1.6	2	1.8	2	1.5
65 - 69	7	1.3	2	.8	2	1.8	-	-
70 - 74	6	1.1	3	1.2	1	.9	2	1.5

(continued)

TABLE 2 (Continued)

NUMBER OF CLOSED CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1937

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	308	100.0	164	100.0	144	100.0
Under 5	1	.4	1	.7	-	-
5 - 9	3	.9	-	-	3	2.1
10 - 14	5	1.7	1	.7	4	2.7
15 - 19	23	7.5	11	6.7	12	8.4
20 - 24	50	16.2	26	15.8	24	16.7
25 - 29	62	20.1	24	14.6	38	26.4
30 - 34	46	14.9	28	17.1	18	12.5
35 - 39	35	11.3	17	10.4	18	12.5
40 - 44	23	7.3	12	7.3	11	7.7
45 - 49	24	7.8	16	9.7	8	5.6
50 - 54	18	5.8	14	8.5	4	2.7
55 - 59	9	2.9	6	3.6	3	2.1
60 - 64	1	.4	1	.7	-	-
65 - 69	5	1.7	4	2.4	1	.6
70 - 74	3	.9	3	1.8	-	-

TABLE 2-A

NUMBER OF OPEN CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1939

Age	Total		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%
Total	708	100.0	406	100.0	200	100.0	206	100.0
Under 5	11	1.6	10	2.5	6	3.0	4	1.9
5 - 9	6	.9	4	.9	-	-	4	1.9
10 - 14	18	2.5	12	2.9	5	2.5	7	3.4
15-- 19	66	9.3	27	6.7	14	7.0	13	6.4
20 - 24	110	15.6	68	16.7	24	12.0	44	21.4
25 - 29	126	17.8	59	14.5	24	12.0	35	16.9
30 - 34	90	12.7	52	12.8	23	11.5	29	14.1
35 - 39	96	13.6	52	12.8	22	11.0	30	14.6
40 - 44	61	8.6	43	10.6	26	13.0	17	8.3
45 - 49	40	5.6	18	4.4	10	5.0	8	3.9
50 - 54	35	4.9	25	6.2	19	9.5	6	2.9
55 - 59	28	3.9	19	4.7	15	7.5	4	1.9
60 - 64	11	1.6	10	2.5	6	3.0	4	1.9
65 - 69	8	1.1	6	1.5	5	2.5	1	.5
70 - 74	2	.3	1	.3	1	.5	-	-

(Continued)

TABLE 2-A (Continued)

NUMBER OF CLOSED CASES CLASSIFIED ACCORDING TO
SEX AND AGE DECEMBER 31, 1939

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	302	100.0	142	100.0	160	100.0
Under 5	1	.4	-	-	1	.6
5 - 9	2	.6	-	-	2	1.3
10 - 14	6	1.9	1	.7	5	3.1
15 - 19	39	12.9	13	9.2	26	16.3
20 - 24	42	13.9	12	8.5	30	18.8
25 - 29	67	22.2	21	14.8	46	28.8
30 - 34	38	12.6	24	16.9	14	8.8
35 - 39	44	14.6	29	20.4	15	9.3
40 - 44	18	5.9	8	5.6	10	6.2
45 - 49	22	7.3	15	10.6	7	4.3
50 - 54	10	3.4	8	5.6	2	1.3
55 - 59	9	2.9	8	5.6	1	.6
60 - 64	1	.4	1	.7	-	-
65 - 69	2	.6	1	.7	1	.6
70 - 74	1	.4	1	.7	-	-

TABLE 3

NUMBER OF OPEN WHITE CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1937

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	141	100.0	74	@	67	@
Under 5	-	-	-	-	-	-
5 - 9	-	-	-	-	-	-
10 - 14	1	.8	1	@	-	-
15 - 19	2	1.4	1	@	1	@
20 - 24	9	6.4	1	@	8	@
25 - 29	18	12.8	6	@	12	@
30 - 34	14	9.9	3	@	11	@
35 - 39	32	22.7	19	@	13	@
40 - 44	15	10.6	6	@	9	@
45 - 49	15	10.6	10	@	5	@
50 - 54	14	9.9	14	@	-	-
55 - 59	13	9.2	9	@	4	@
60 - 64	4	3.8	2	@	2	@
65 - 69	1	1.8	1	@	-	-
70 - 74	3	2.1	1	@	2	@

(Continued)

@ Not computed because the base figure is less than 100.

TABLE 3 (Continued)

NUMBER OF CLOSED WHITE CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1937

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	134	100.0	79	@	55	@
Under 5	1	.7	1	@	-	-
5 - 9	3	2.3	-	-	3	@
10 - 14	2	1.5	1	@	1	@
15 - 19	12	8.9	3	@	9	@
20 - 24	14	10.5	8	@	6	@
25 - 29	16	11.9	9	@	7	@
30 - 34	21	15.6	13	@	8	@
35 - 39	13	9.8	8	@	5	@
40 - 44	8	5.9	5	@	3	@
45 - 49	16	11.9	10	@	6	@
50 - 54	13	9.8	10	@	3	@
55 - 59	9	6.7	6	@	3	@
60 - 64	1	.7	1	@	-	-
65 - 69	3	2.3	2	@	1	@
70 - 74	2	1.5	2	@	-	-

@ Not computed because the base figure is less than 100.

TABLE 3-A

NUMBER OF OPEN WHITE CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1939

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	240	100.0	136	100.0	104	100.0
Under 5	6	2.5	3	2.2	3	2.9
5 - 9	2	.8	-	-	2	1.9
10 - 14	3	1.3	1	.7	2	1.9
15 - 19	12	5.0	7	5.2	5	4.8
20 - 24	35	14.6	12	8.8	23	22.1
25 - 29	31	12.9	15	11.0	16	15.4
30 - 34	29	12.1	16	11.8	13	12.5
35 - 39	29	12.1	15	11.0	14	13.5
40 - 44	29	12.1	20	14.7	9	8.6
45 - 49	14	5.8	9	6.7	5	4.8
50 - 54	23	9.5	17	12.5	6	5.8
55 - 59	14	5.8	11	8.1	3	2.9
60 - 64	9	3.8	6	4.4	3	2.9
65 - 69	3	1.3	3	2.2	-	-
70 - 74	1	.4	1	.7	-	-

TABLE 3-A (Continued)

NUMBER OF CLOSED WHITE CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1939

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	112	100.0	63	@	49	@
Under 5	1	.9	-	@	1	@
5 - 9	-	-	-	-	-	-
10 - 14	-	-	-	-	-	-
15 - 19	7	6.3	2	@	5	@
20 - 24	15	13.4	5	@	10	@
25 - 29	24	21.4	8	@	16	@
30 - 34	16	14.3	12	@	4	@
35 - 39	16	14.3	10	@	6	@
40 - 44	6	5.4	3	@	3	@
45 - 49	9	8.0	8	@	1	@
50 - 54	8	7.0	7	@	1	@
55 - 59	6	5.4	5	@	1	@
60 - 64	1	.8	1	@	-	-
65 - 69	2	1.8	1	@	1	@
70 - 74	1	.9	1	@	-	-

@ Not computed because the base figure is less than 100.

TABLE 4

NUMBER OF OPEN NEGRO CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1937

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	107	100.0	39	@	68	@
Under 5	-	-	-	-	-	-
5 - 9	-	-	-	-	-	-
10 - 14	1	.9	-	-	1	@
15 - 19	6	5.6	2	@	4	@
20 - 24	22	20.6	6	@	16	@
25 - 29	30	28.0	5	@	25	@
30 - 34	22	20.6	10	@	12	@
35 - 39	8	7.5	2	@	6	@
40 - 44	7	6.6	5	@	2	@
45 - 49	8	7.5	7	@	1	@
50 - 54	1	.9	-	-	1	@
55 - 59	1	.9	1	@	-	-
60 - 64	-	-	-	-	-	-
65 - 69	1	.9	1	@	-	-
70 - 74	-	-	-	-	-	-

@ Not computed because the base figure is less than 100.

TABLE 4 (Continued)

NUMBER OF CLOSED NEGRO CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1937

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	174	100.0	85	@	89	@
Under 5	-	-	-	-	-	-
5 - 9	-	-	-	-	-	-
10 - 14	3	1.7	-	-	3	@
15 - 19	11	6.3	8	@	3	@
20 - 24	36	20.7	18	@	18	@
25 - 29	46	26.4	15	@	31	@
30 - 34	25	14.4	15	@	10	@
35 - 39	22	12.7	9	@	13	@
40 - 44	15	8.6	7	@	8	@
45 - 49	8	4.6	6	@	2	@
50 - 54	5	2.8	4	@	1	@
55 - 59	-	-	-	-	-	-
60 - 64	-	-	-	-	-	-
65 - 69	2	1.2	2	@	-	-
70 - 74	1	.5	1	@	-	-

@ Not computed because the base figure is less than 100.

TABLE 4-A

NUMBER OF OPEN NEGRO CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1939

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	166	100.0	64	@	102	100.0
Under 5	4	2.4	3	@	1	.9
5 - 9	2	1.2	-	-	2	1.9
10 - 14	9	5.4	4	@	5	4.9
15 - 19	15	9.0	7	@	8	7.9
20 - 24	33	19.9	12	@	21	20.6
25 - 29	28	16.9	9	@	19	18.7
30 - 34	23	13.9	7	@	16	5.8
35 - 39	23	13.9	7	@	16	5.8
40 - 44	14	8.4	6	@	8	7.9
45 - 49	4	2.4	1	@	3	2.9
50 - 54	2	1.2	2	@	-	-
55 - 59	5	3.0	4	@	1	.9
60 - 64	1	.6	-	-	1	.9
65 - 69	3	1.8	2	@	1	.9
70 - 74	-	-	-	-	-	-

@ Not computed because the base figure is less than 100.

TABLE 4-A (Continued)

NUMBER OF CLOSED NEGRO CASES CLASSIFIED ACCORDING TO SEX AND AGE DECEMBER 31, 1939

Age	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	190	100.0	79	@	111	100.0
Under 5	-	-	-	-	-	-
5 - 9	2	1.1	-	-	2	1.8
10 - 14	6	3.2	1	@	5	4.5
15 - 19	32	16.8	11	@	21	18.9
20 - 24	27	14.2	7	@	20	18.0
25 - 29	43	22.6	13	@	30	27.1
30 - 34	22	11.6	12	@	10	9.0
35 - 39	28	14.7	19	@	9	8.1
40 - 44	12	6.3	5	@	7	6.3
45 - 49	13	6.9	7	@	6	5.4
50 - 54	2	1.1	1	@	1	.9
55 - 59	3	1.5	3	@	-	-
60 - 64	-	-	-	-	-	-
65 - 69	-	-	-	-	-	-
70 - 74	-	-	-	-	-	-

@ Not computed because the base figure is less than 100.

TABLE 5

NUMBER OF NEGRO CASES CLASSIFIED ACCORDING TO MARITAL STATUS 1937

Marital Status	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	281	100.0	124	100.0	157	100.0
Single	82	29.2	40	32.3	42	26.7
Married	106	37.7	45	36.3	61	38.9
Widowed	39	13.9	17	13.7	22	14.0
Divorces	-	-	-	-	-	-
Separated	54	19.2	22	17.7	32	20.4

TABLE 5 (Continued)

NUMBER OF WHITE CASES CLASSIFIED ACCORDING TO MARITAL STATUS 1937

Marital Status	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	275	100.0	153	100.0	122	100.0
Single	64	23.3	29	18.9	35	28.6
Married	161	58.5	103	67.4	58	47.5
Widowed	27	9.8	11	7.2	16	13.2
Divorced	7	2.6	4	2.6	3	2.5
Separated	16	5.8	6	3.9	10	8.2

TABLE 5-A

NUMBER OF NEGRO CASES CLASSIFIED ACCORDING TO MARITAL STATUS 1939

Marital Status	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	356	100.0	143	100.0	213	100.0
Single	120	33.7	55	38.5	65	30.6
Married	146	41.0	57	39.9	89	41.8
Widowed	44	12.4	10	6.9	34	15.9
Divorced	2	.5	-	-	2	.9
Separated	44	12.4	21	14.7	23	10.8

TABLE 5-A (Continued)

NUMBER OF WHITE CASES CLASSIFIED ACCORDING TO MARITAL STATUS 1939

Marital Status	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	352	100.0	199	100.0	153	100.0
Single	63	17.9	31	15.6	32	20.9
Married	220	62.5	136	68.4	84	54.9
Widowed	39	11.1	16	8.0	23	15.1
Divorced	13	3.7	9	4.5	4	2.6
Separated	17	4.8	7	3.5	10	6.5

TABLE 6

EXTENT OF EDUCATION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Grade Completed	Total		RACE											
			Negro						White					
			Total		Male		Female		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	587*	100.0	298	100.0	120	100.0	178	100.0	289	100.0	161	100.0	128	100.0
0	34	5.8	12	4.0	7	5.8	5	2.8	22	7.6	13	8.1	9	7.0
1	9	1.5	3	1.0	1	.8	2	1.2	6	2.1	4	2.5	2	1.6
2	31	5.3	28	9.4	10	8.3	18	10.1	3	1.1	2	1.3	1	.8
3	58	9.9	40	13.4	17	14.2	23	12.9	18	6.2	8	4.9	10	7.8
4	67	11.4	37	12.4	19	15.8	18	10.1	30	10.4	16	9.9	14	10.9
5	68	11.6	30	10.1	13	10.8	17	9.6	38	13.2	24	14.9	14	10.9
6	66	11.2	40	13.4	14	11.7	26	14.6	26	8.9	14	8.7	12	9.4
7	63	10.7	24	8.1	9	7.6	15	8.4	39	13.5	24	14.9	15	11.7
8	72	12.3	26	8.7	10	8.3	16	8.9	46	15.9	25	15.5	21	16.4
9	29	4.9	11	3.7	4	3.3	7	3.9	18	6.2	9	5.6	9	7.0
10	25	4.3	16	5.4	6	5.0	10	5.6	9	3.1	3	1.9	6	4.7
11	16	2.7	12	4.0	3	2.6	9	5.1	4	1.4	3	1.9	1	.8
12	34	5.8	16	5.4	5	4.2	11	6.2	18	6.2	10	6.2	8	6.3
1 yr. col.	6	1.0	2	.7	1	.8	1	.6	4	1.4	1	.6	3	2.3
2 yrs. col.	7	1.2	1	.3	1	.8	-	-	6	2.1	4	2.5	2	1.6
3 yrs. col.	2	.4	-	-	-	-	-	-	2	.7	1	.6	1	.8

*This total does not include 121 unknowns.

TABLE 7

FORMER OCCUPATIONS OF TUBERCULAR PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1937

Type of Occupation	Total	Race					
		Negro			White		
		Total	Male	Female	Total	Male	Female
Total	452	252	117	135	200	134	66
Per cent	100.0				100.0		
Agriculture							
Number	15						
Per cent	3.3						
Farmer	12	3	5	-	9	9	-
Forestry	2	1	1	-	1	1	-
Farm Laborer	1	-	-	-	1	-	1
Mfg. & Mech. Ind.							
Number	129	35	24	11	94	53	41
Per cent	28.5	13.9	-	-	47.0	-	-
Tinsmith & Sheet Metalworker	1	-	-	-	1	1	-
Carpenters	12	3	3	-	9	9	-
Seamstresses & Milliners	19	5	2	3	14	-	14
Electrical Engineers	1	-	-	-	1	1	-
Furnace Man (Heater)	1	-	-	-	1	1	-
Laborers	12	8	5	3	4	3	1
Ripsawyer	1	-	-	-	1	1	-
Machinists	9	-	-	-	9	6	3
Machinist's Helper	1	1	1	-	-	-	-
Painters & Glaziers	6	3	3	-	3	3	-
Paper Hangers	3	-	-	-	3	3	-
Upholsterers	2	-	-	-	2	2	-
Plasterers	3	2	2	-	1	1	-
Brickmason	1	-	-	-	1	1	-
Pressmen & Plate Printers	3	-	-	-	3	1	2
Roofer	1	1	1	-	-	-	-
Tailors	3	3	3	-	-	-	-
Operatives							
Dairy	2	1	1	-	1	1	-
Candy Factory	3	-	-	-	3	-	3
Printing Establishment	1	1	1	-	-	-	-
Textile Mill	37	1	-	1	36	19	17
Laundry	7	6	2	4	1	-	-

TABLE 7 (Continued)

FORMER OCCUPATIONS OF TUBERCULAR PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1937

Type of Occupation	Total	Race					
		Negro			White		
		Total	Male	Female	Total	Male	Female
Transportation & Commerce							
Number	75	35	35	-	40	34	6
Per cent	16.6	13.9	-	-	20.0		
Road & Street Trans.							
Chauffeurs	1	9	9	-	2	2	-
Truck Drivers	9	6	6	-	3	3	-
Garage Laborers	1	1	1	-	-	-	-
Laborers, Road & St.	1	1	1	-	-	-	-
Railroad Trans.							
Mechanic	1	-	-	-	1	1	-
Foreman	1	-	-	-	1	1	-
Laborers	1	1	1	-	-	-	-
Locomotive Fireman	1	-	-	-	1	1	-
Flagman	1	-	-	-	1	1	-
Crane Man	1	-	-	-	1	1	-
Mail Clerks	3	-	-	-	3	2	1
Telephone Operators	3	-	-	-	3	1	2
Other Trans. & Commercial Pursuits							
Engine Inspector	1	-	-	-	1	1	-
Laborer	1	1	1	-	-	-	-
Trade							
Delivery Men	3	3	3	-	-	-	-
Electrician	1	-	-	-	1	1	-
Laborer (includes store porters	11	10	10	-	1	1	-
Newsboys	2	-	-	-	2	2	-
Retail Dealers	2	-	-	-	2	2	-
Salesmen & Saleswomen	18	1	1	-	17	14	3
Janitors (Retail)	2	2	2	-	-	-	-
Professional Service							
Number	8	3	-	3	5	3	2
Per cent	1.8	1.1			2.5		
Social Worker	1	1	-	1	-	-	-
Designers	3	-	-	-	3	2	1
Teachers	3	2	-	2	1	-	1
Pharmacists	1	-	-	-	1	1	-

TABLE 7 (Continued)

FORMER OCCUPATIONS OF TUBERCULAR PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1937

Type of Occupation		Total	Race					
			Negro			White		
			Total	Male	Female	Total	Male	Female
Domestic & Personal Service	Number	154	140	25	115	14	8	6
	Per cent	34.1	55.6			7.0		
Barbers, Hairdressers		4	-	-	-	4	4	-
Elevator Tenders		2	1	1	-	1	1	-
Housekeepers		1	-	-	-	1	-	1
Janitors		5	5	5	-	-	-	-
Laborers		6	4	4	-	2	2	-
Laundresses & Launders (not in laundry)		11	10	1	9	1	1	-
Porters (not in store)		6	6	6	-	-	-	-
Practical Nurses		1	-	-	-	1	-	1
Servants (Hotel & Cafe Cooks)		112	110	7	103	2	-	2
Waiters & Waitresses		6	4	1	3	2	-	2
Clerical	Number	19	1	1	-	18	11	7
	Per cent	4.2	.4			9.0		
Collectors		1	-	-	-	1	1	-
Bookkeepers		5	1	1	-	4	4	-
Clerks not elsewhere classified		10	-	-	-	10	6	4
Stenographers & Typists		3	-	-	-	3	-	3
Public Service	Number	10	-	-	-	10	9	1
	Per cent	2.2	-	-	-	6.0	-	-
Soldiers		2	-	-	-	2	2	-
Office Appliance Operation		3	-	-	-	3	2	1
Fireman		1	-	-	-	1	1	-
Plumber, Gas, Steam Fitters		2	-	-	-	2	2	-
Mortician		1	-	-	-	1	1	-
City Employer		1	-	-	-	1	1	-
Laborers not elsewhere classified	Number	42	35	28	6	8	6	2
	Per cent	9.3	13.5			4.0		

TABLE 7-A

FORMER OCCUPATIONS OF TUBERCULAR PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Type of Occupation	Total	Race					
		Negro			White		
		Total	Male	Female	Total	Male	Female
Total	490	242	63	179	248	137	111
Per cent	100.0	100.0			100.0		
Agriculture							
Number	21	3	1	2	18	16	2
Per cent	4.3	1.2			7.3		
Farmers	17	1	1	-	16	16	-
Farm hands	3	1	-	1	2	-	2
Poultry	1	1	-	1	-	-	-
Mfg. & Mech. Ind.							
Number	104	28	20	8	51	31	20
Per cent	21.2	11.6			20.6		
Carpenters	7	2	2	-	5	5	-
Seamstreses & Milliners	18	6	-	6	12	-	12
Tailors	1	1	1	-	-	-	-
Dry Cleaners	6	4	3	1	2	-	2
Press Feeder	1	-	-	-	1	-	1
Furnace Men (Firing)	2	1	1	-	1	1	-
Machinists	15	3	2	1	12	7	5
Painters & Glaziers	17	5	5	-	12	12	-
Paper Hangers	1	-	-	-	1	1	-
Plasterers	3	3	3	-	-	-	-
Upholsterers	3	-	-	-	3	3	-
Brick Masons	3	3	3	-	-	-	-
Printers	2	-	-	-	2	2	-
Operatives							
Textile Mill	23	-	-	-	23	17	6
Laundries	1	-	-	-	1	1	-
Lunch Stand	1	1	-	1	-	-	-
Transportation & Commerce							
Number	59	14	14	-	20	17	3
Per cent	12.0	5.8			8.1		
Road & Street Trans.							
Chauffeurs	6	6	6	-	-	-	-
Truck Drivers	13	5	5	-	8	8	-
Drayman	1	1	1	-	-	-	-
Street car Operator	1	-	-	-	1	1	-
Teamster	1	-	-	-	1	1	-

TABLE 7-A (Continued)

FORMER OCCUPATIONS OF TUBERCULAR PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Type of Occupation	Total	Race					
		Negro			White		
		Total	Male	Female	Total	Male	Female
Transport. & Commerce (Cont.)							
Railroad Transportation							
Flagman	1	-	-	-	1	1	-
Switchman	1	1	1	-	-	-	-
Crane Operator	1	-	-	-	1	1	-
Railway Express	1	-	-	-	1	1	-
Mail Clerk	1	-	-	-	1	1	-
Tractor Engineer	1	-	-	-	1	1	-
Telephone Operators	3	-	-	-	3	-	3
Other Transportation & Commerce Pursuits							
Engine Inspector	1	-	-	-	1	1	-
Coach Cleaner & Repairer	2	1	1	-	1	1	-
Trade							
Delivery Men	6	5	5	-	1	1	-
Electricians	4	-	-	-	4	4	-
Retailers	1	-	-	-	-	1	-
Salesmen & Saleswomen	12	-	-	-	12	9	3
Janitors	2	2	-	-	-	-	-
Professional Service							
Number	8	2	1	1	6	5	1
Per cent	1.7	.8			2.4		
Ministers	2	1	1	-	1	1	-
Nurses	2	1	-	1	1	-	1
Dental Technicians	1	-	-	-	1	1	-
Teachers	2	-	-	-	2	2	-
Druggist	1	-	-	-	1	1	-
Domestic & Personal Service							
Number	261	186	20	166	75	11	64
Per cent	53.3	76.9			30.2		
Barbers & Beauticians	9	6	4	2	3	3	-
Elevator Tenders	1	-	-	-	1	1	-
Housekeepers	71	16	-	16	55	-	55
Practical Nurses	2	-	-	-	2	-	2
Yard Hands	2	-	-	-	2	2	-
Laundresses & Launders	20	20	-	20	-	-	-
Domestics (Unclassified)	65	63	-	63	2	-	2
Maids	41	40	-	40	1	-	1

TABLE 7-A (Continued)

FORMER OCCUPATIONS OF TUBERCULAR PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Type of Occupation	Total	Race					
		Negro			White		
		Total	Male	Female	Total	Male	Female
Domestic & Personal Service (Cont.)							
Waiters & Waitresses	14	9	1	8	5	2	3
Cooks	21	19	2	17	2	1	1
Dietician	1	1	1	-	-	-	-
Dishwashers	3	1	1	-	2	2	-
Porters	5	5	5	-	-	-	-
Butlers	3	3	3	-	-	-	-
Servants (Hotel)	4	3	3	-	1	1	-
Clerical							
Number	34	1	-	1	33	21	12
Per cent	6.9	.4			13.3		
Collectors & Insurance Agents	8	-	-	-	8	7	1
Bookkeepers	1	-	-	-	1	1	-
Accountants	3	-	-	-	3	1	2
Typists	1	1	-	1	-	-	-
Cashier	1	-	-	-	1	-	1
Clerks (Unclassified	20	-	-	-	20	12	8
Public Service							
Number	3	-	-	-	3	3	-
Per cent	.6				1.2		
Soldiers	1	-	-	-	1	1	-
Plumber	1	-	-	-	1	1	-
City Employer	1	-	-	-	1	1	-

TABLE 8

AVERAGE WEEKLY INCOME OF FAMILIES HAVING TUBERCULOUS PATIENTS CLASSIFIED ACCORDING TO RACE AND SIZE OF FAMILY, 1937

Size of Family	Total No. of Families	Average of All Families	Race			
			Negro		White	
			Total	Average Income	Total	Average Income
Total	374	$12.41	185	$11.30	189	$15.40
1	23	7.32	12	4.00	11	5.50
2	70	9.54	44	8.50	26	12.00
3	91	9.38	46	8.60	45	11.00
4	67	13.80	32	9.50	35	15.28
5	41	11.80	17	10.75	24	12.80
6	29	10.12	11	10.50	18	10.00
7	27	12.60	11	14.50	16	12.00
8	7	23.00	3	17.00	4	26.00
9	10	13.00	4	12.00	6	7.32
10	6	14.00	4	16.00	2	13.00
11	2	12.00	1	13.00	1	44.50
Unknown	1	3.00	0	0.00	1	3.00

TABLE 8-A

AVERAGE WEEKLY INCOME OF FAMILIES HAVING TUBERCULOUS PATIENTS CLASSIFIED ACCORDING TO RACE AND SIZE OF FAMILY, 1939

Size of Family	Total No. of Families	Average of All Families	Race			
			Negro		White	
			Total	Average Income	Total	Average Income
Total	239	$13.36	97	$10.76	142	$15.42
1	6	3.79	3	1.91	3	5.66
2	34	12.58	15	8.03	19	16.19
3	47	12.24	22	11.09	25	13.26
4	50	13.33	17	7.61	33	16.28
5	36	13.32	16	8.65	20	17.06
6	25	13.75	8	11.54	17	14.79
7	15	14.60	6	11.04	9	16.97
8	11	18.32	5	15.51	6	20.66
9	7	16.25	2	10.50	5	18.55
10	5	15.47	2	12.25	3	17.62
11	-	-	-	-	-	-
12	1	10.20	1	10.20	-	-
13	1	20.00	-	-	1	20.00
14	-	-	-	-	-	-
15	1	10.00	-	-	1	10.00

TABLE 9

LENGTH OF RESIDENCE OF PATIENTS CLASSIFIED ACCORDING TO RACE IN FULTON COUNTY, 1939

Years of Residence	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
Less than 1 year	33	4.7	20	5.6	13	3.7
1 - 4	146	20.7	59	16.6	87	24.7
5 - 9	93	13.1	44	12.4	49	13.9
10 - 14	111	15.7	64	17.9	47	13.4
15 - 19	95	13.4	50	14.1	45	12.8
20 - 24	106	14.9	63	17.7	43	12.2
25 and over	124	17.5	56	15.7	68	19.3

TABLE 10

LENGTH OF RESIDENCE AT PRESENT LOCATION CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Length of Residence	Race													
	Total		Negro						White					
			Total		Male		Female		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	143	100.0	213	100.0	352	100.0	199	100.0	153	100.0
Under 1 yr.	272	38.4	125	35.1	52	36.4	73	34.3	147	41.8	78	39.2	69	45.1
1 year	106	14.9	55	15.4	19	13.2	36	16.9	51	14.5	29	14.6	22	14.4
2 years	65	9.2	26	7.3	8	5.6	18	8.5	39	11.1	19	9.5	20	13.1
3 years	37	5.2	18	5.1	5	3.5	13	6.1	19	5.4	12	6.0	7	4.6
4 years	31	4.4	21	5.9	4	2.8	17	7.9	10	2.8	4	2.0	6	3.9
5 years	30	4.3	16	4.5	6	4.2	10	4.7	14	3.9	10	5.0	4	2.6
6 years	12	1.7	10	2.8	5	3.5	5	2.4	2	.6	2	1.0	-	-
7 years	18	2.6	13	3.7	6	4.2	7	3.3	5	1.5	5	2.5	-	-
8 years	17	2.4	10	2.8	7	4.9	3	1.4	7	1.9	6	3.0	1	.7
9 years	7	.9	3	.9	1	.7	2	.9	4	1.1	2	1.0	2	1.3
10 years & over	72	10.2	35	9.8	18	12.6	17	7.9	37	10.5	23	11.6	14	9.1
Unknown	41	5.8	24	6.7	12	8.4	12	5.7	17	4.9	9	4.6	8	5.2

TABLE 11

NUMBER AND PER CENT DISTRIBUTION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND CENSUS TRACT*

No. of Census Tract	Total		Race							
			Negro				White			
	1937	1939	1937	1939	% Inc.	% Dec.	1937	1939	% Inc.	% Dec.
Total	556	708	281	356			275	352		
F - 1	2	1	-	-	-	-	2	1	-	50.0
F - 2	1	1	1	-	-	100.0	-	1	100.0	-
F - 5	6	3	-	-	-	-	6	3	-	50.0
F - 6	7	5	1	-	-	100.0	6	5	-	17.0
F - 7	3	3	1	2	100.0	-	2	1	-	50.0
F - 8	11	12	1	-	-	100.0	10	12	20.0	-
F - 9	10	9	3	2	-	33.0	7	7	-	-
F - 10	4	4	-	-	-	-	4	4	-	-
F - 11	2	3	-	2	200.0	-	2	1	50.0	-
F - 12	4	6	2	3	33.0	-	2	3	33.3	-
F - 13	2	3	-	1	100.0	-	2	2	-	-
F - 14	-	1	-	-	-	-	-	1	100.0	-
F - 15	-	3	-	-	-	-	-	3	300.0	-
F - 16	4	-	-	-	-	-	4	-	-	400.0
F - 17	6	4	2	1	-	50.0	4	3	-	25.0

*The percentage increase or decrease pertains to the year 1939.

(Continued)

TABLE 11 (Continued)

NUMBER AND PER CENT DISTRIBUTION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND CENSUS TRACT

No. of Census Tract	Total		Race							
			Negro				White			
	1937	1939	1937	1939	% Inc.	% Dec.	1937	1939	% Inc.	% Dec.
F - 18	6	34	-	24	2400.0	-	6	10	-	67.0
F - 19	27	9	25	-	-	2500.0	2	9	4500.0	-
F - 20	3	1	1	-	-	100.0	2	1	-	50.0
F - 21	17	10	2	2	-	-	15	8	-	53.0
F - 22	14	14	19	12	33.3	-	5	2	-	40.0
F - 23	8	8	4	17	425.0	-	4	1	-	74.0
F - 24	2	9	2	9	450.0	-	-	-	-	-
F - 25	10	12	10	11	10.0	-	-	1	100.0	-
F - 26	16	12	16	11	-	31.0	-	1	100.0	-
F - 27	4	5	1	2	100.0	-	3	3	-	-
F - 28	30	30	29	29	-	-	1	1	-	-
F - 29	11	26	11	25	127.0	-	-	1	100.0	-
F - 30	3	4	-	-	-	-	3	4	33.3	-
F - 31	5	11	1	-	-	100.0	4	11	275.0	-
F - 32	10	13	-	-	-	-	10	13	30.0	-
F - 33	11	14	11	13	18.0	-	-	1	-	100.0
F - 34	1	5	1	2	100.0	-	-	3	300.0	-
F - 35	5	7	5	2	-	40.0	-	5	-	500.0

(Continued)

TABLE 11 (Continued)

NUMBER AND PER CENT DISTRIBUTION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND CENSUS TRACT

No. of Census Tract	Total		Race							
			Negro				White			
	1937	1939	1937	1939	% Inc.	% Dec.	1937	1939	% Inc.	% Dec.
F - 36	12	14	12	14	17.0	-	-	-	-	-
F - 37	-	3	-	3	300.0	-	-	-	-	-
F - 38	19	17	19	17	-	11.0	-	-	-	-
F - 39	3	5	1	5	-	400.0	2	-	-	200.0
F - 40	1	5	-	-	-	-	1	5	-	400.0
F - 41	4	6	-	-	-	-	4	6	-	50.0
F - 42	2	5	-	1	100.0	-	2	4	-	100.0
F - 43	8	12	8	10	25.0	-	-	3	-	300.0
F - 44	6	16	5	9	80.0	-	1	7	-	600.0
F - 45	14	3	2	4	100.0	-	12	9	-	25.0
F - 46	6	9	1	3	200.0	-	5	6	20.0	-
F - 47	11	20	9	15	67.0	-	2	5	150.0	-
F - 48	20	20	18	16	-	10.0	2	4	-	100.0
F - 49	6	13	1	2	-	100.0	5	11	120.0	-
F - 50	3	10	-	-	-	-	3	10	233.0	-
F - 52	-	1	-	-	-	-	-	1	100.0	-
F - 53	4	5	-	2	-	200.0	4	3	-	25.0
F - 55	9	17	6	12	-	100.0	3	5	67.0	-

(Continued)

TABLE 11 (Continued)

NUMBER AND PER CENT DISTRIBUTION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND CENSUS TRACT

No. of Census Tract	Total		Race							
			Negro				White			
	1937	1939	1937	1939	% Inc.	% Dec.	1937	1939	% Inc.	% Dec.
F - 56	13	8	2	-	-	200.0	11	8	-	27.0
F - 57	8	15	6	9	33.3	-	2	6	200.0	-
F - 58	2	2	-	-	-	-	2	2	-	-
F - 59	4	1	-	1	100.0	-	4	-	-	400.0
F - 60	1	-	-	-	-	-	1	-	-	100.0
F - 61	1	2	1	1	-	-	-	1	100.0	-
F - 62	1	3	1	1	-	-	-	2	-	200.0
F - 63	11	10	10	9	-	10.0	1	1	-	-
F - 64	3	-	-	-	-	-	3	-	-	300.0
F - 65	1	3	-	-	-	-	1	3	200.0	-
F - 65	7	10	3	6	100.0	-	4	4	-	-
FC- 1	2	4	-	3	300.0	-	2	1	-	50.0
FC- 2	2	6	-	1	100.0	-	2	5	150.0	-
FC- 4	-	3	-	1	100.0	-	-	2	200.0	-
FC- 5	4	7	1	2	100.0	-	3	5	67.0	-
FC- 6	2	7	-	-	-	-	2	7	250.0	-
FC- 7	9	19	3	9	150.0	-	6	10	67.0	-

(Continued)

TABLE 11 (Continued)

NUMBER AND PER CENT DISTRIBUTION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND CENSUS TRACT.

No. of Census Tract	Total		Race							
			Negro				White			
	1937	1939	1937	1939	% Inc.	% Dec.	1937	1939	% Inc	% Dec.
FC- 8	-	2	-	1	-	100.0	-	1	100.0	-
FC- 9	1	-	-	-	-	-	1	-	-	100.0
FC-11	3	2	-	-	-	-	3	2	-	67.0
FC-12	9	4	4	2	-	50.0	5	2	-	40.0
FC-13	9	23	-	3	-	300.0	9	20	122.0	-
FC-14	-	1	-	-	-	-	-	1	-	100.0
FC-15	2	3	-	1	100.0	-	2	2	-	-
FC-16	1	9	-	2	200.0	-	1	7	600.0	-
FC-17	7	3	1	-	-	100.0	6	3	-	50.0
FC-18	-	5	-	1	100.0	-	-	4	400.0	-
FC-19	5	9	1	1	-	-	4	8	100.0	-
FC-20	5	5	2	3	50.0	-	3	2	-	67.0
D - 3	2	3	-	1	100.0	-	2	2	-	-
D - 4	-	1	-	-	-	-	-	1	100.0	-
D - 5	-	1	-	1	100.0	-	-	-	-	-
D - 6	3	5	3	5	67.0	-	-	-	-	-
D - 7	1	7	1	3	200.0	-	-	4	400.0	-
D - 8	4	4	1	3	200.0	-	3	1	-	33.3
D - 9	1	-	1	-	-	100.0	-	-	-	-

(Continued)

TABLE 11 (Continued)

NUMBER AND PER CENT DISTRIBUTION OF PATIENTS CLASSIFIED ACCORDING TO RACE AND CENSUS TRACT

No. of Census Tract	Total		Race							
			Negro				White			
	1937	1939	1937	1939	% Inc.	% Dec.	1937	1939	% Inc.	% Dec.
DC- 1	-	1	-	-	-	-	-	1	100.0	-
DC- 4	-	2	-	2	200.0	-	-	-	-	-
DC- 5	-	2	-	1	100.0	-	-	1	100.0	-
DC- 7	1	3	-	2	200.0	-	1	1	-	-
DC- 8	1	2	-	-	-	-	1	2	100.0	-
DC- 9	2	-	1	-	-	100.0	1	-	-	100.0
DC-10	-	1	-	-	-	-	-	1	100.0	-
DC-12	1	-	-	-	-	-	1	-	-	100.0
CC- 1	-	1	-	-	-	-	-	1	100.0	-
Rural Fulton	22	33	5	7	40.0	-	17	26	54.0	-

TABLE 12

TYPES OF HOUSES OCCUPIED BY PATIENTS, 1939*

Type of House	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
Frame	645	91.1	329	92.4	316	89.8
1-story	507		262		245	
2-story	79		41		38	
3-story	4		2		2	
Duplex	15		7		8	
1-story apt.	8		1		7	
2-story apt.	14		10		4	
1-s. rooming h.	11		5		6	
2-s. rooming h.	7		1		6	
Brick	49	6.9	23	6.5	26	7.4
1-story	11		5		6	
2-story	22		13		9	
3-story	1		-		1	
Duplex	2		-		2	
2-story apt.	5		3		2	
3-story apt.	5		2		3	
3-s. rooming h.	1		-		1	
4-s. rooming h.	2		-		2	
Others	4	.7				
Trailers	2		-		2	
Canvas tent	1		-		1	
Tourist camp	1		-		1	
Unknown	10	1.3	4		6	

*These classifications of houses were taken from the case records at the Atlanta Tuberculosis Association.

TABLE 13

SIZE OF FAMILY OF NEGRO PATIENTS CLASSIFIED ACCORDING TO NUMBER OF ROOMS IN HOUSEHOLD, 1937

Size of Family	Total		Number of Rooms										
			1	2	3	4	5	6	7	8	9	10	Unknown
	No.	%	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Total	281	100.0	32	53	96	41	22	12	4	3	1	1	16
One	32	11.4	12	2	3	4	-	-	1	-	-	-	10
Two	70	24.9	13	16	24	5	6	3	1	1	-	-	1
Three	70	24.9	4	19	24	8	7	4	-	-	1	-	3
Four	42	14.9	2	10	20	8	1	-	-	1	-	-	-
Five	23	8.2	1	1	8	4	3	3	1	-	-	1	1
Six	18	6.4	-	2	9	3	2	-	1	-	-	-	1
Seven	12	4.3	-	2	4	4	1	-	-	1	-	-	-
Eight	5	1.8	-	1	2	1	1	-	-	-	-	-	-
Nine	4	1.4	-	-	2	1	-	1	-	-	-	-	-
Ten	4	1.4	-	-	-	3	1	-	-	-	-	-	-
Eleven	1	.4	-	-	-	-	-	1	-	-	-	-	-

TABLE 13 (Continued)

SIZE OF FAMILY OF WHITE PATIENTS CLASSIFIED ACCORDING TO NUMBER OF ROOMS IN HOUSEHOLD, 1937

Size of Family	Total		Number of Rooms										
			1	2	3	4	5	6	7	8	9	10	Unknown
	No.	%	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Total	275	100.0	21	22	62	52	58	36	4	2	1	3	14
One	28	10.2	15	2	1	1	1	1	-	-	-	-	7
Two	34	12.3	1	6	16	3	1	4	1	-	-	-	2
Three	64	23.3	3	12	10	10	20	6	1	-	-	-	2
Four	48	17.5	1	-	11	10	12	8	-	2	-	2	2
Five	35	12.8	1	1	11	6	6	7	1	-	1	-	1
Six	32	11.7	—	1	7	9	9	5	-	-	-	1	-
Seven	17	6.1	-	-	3	4	5	4	1	-	-	-	-
Eight	6	2.1	-	-	2	2	1	-	-	-	-	-	-
Nine	8	2.9	-	-	-	6	2	-	-	-	-	-	-
Ten	2	.7	-	-	1	-	1	-	-	-	-	-	-
Eleven	1	.4	-	-	-	-	1	-	-	-	-	-	-

TABLE 13-A

SIZE OF FAMILY OF NEGRO PATIENTS CLASSIFIED ACCORDING TO NUMBER OF ROOMS IN HOUSEHOLD, 1939

Size of Family	Total		Number of Rooms										
			1	2	3	4	5	6	7	8	9	10	Unknown
	No.	%	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Total	356	100.0	35	61	124	48	30	19	3	4	1	1	10
One	21	5.9	9	5	3	-	1	-	-	-	1	-	2
Two	74	20.8	20	13	20	11	5	3	-	1	-	-	1
Three	64	17.9	13	14	18	5	4	6	-	3	-	-	1
Four	62	17.4	6	10	30	8	5	2	-	-	-	1	-
Five	39	10.9	2	7	15	8	4	3	-	-	-	-	-
Six	31	8.7	1	9	12	4	2	2	1	-	-	-	-
Seven	24	6.8	2	1	13	2	2	2	-	-	-	-	2
Eight	13	3.7	2	1	5	2	3	-	-	-	-	-	-
Nine	9	2.6	-	1	-	4	2	-	2	-	-	-	-
Ten & over	14	3.9	-	-	7	4	2	1	-	-	-	-	-
Unknown	5	1.4	-	-	1	-	-	-	-	-	-	-	-

TABLE 13-A

SIZE OF FAMILY OF WHITE PATIENTS CLASSIFIED ACCORDING TO NUMBER OF ROOMS IN HOUSEHOLD, 1939

Size of Family	Total		Number of Rooms										
			1	2	3	4	5	6	7	8	9	10	Unknown
	No.	%	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Total	352	100.0	21	30	91	56	61	50	11	4	1	8	19
One	9	2.6	3	2	1	-	-	1	-	-	-	-	2
Two	41	11.6	5	5	17	3	2	6	1	-	1	-	1
Three	50	14.2	4	8	14	7	6	6	1	-	-	3	1
Four	68	19.3	3	4	17	14	13	13	1	1	-	1	1
Five	62	17.6	1	5	19	12	11	8	3	-	-	-	3
Six	39	11.1	3	1	7	7	15	2	1	1	-	-	2
Seven	23	6.6	1	2	4	3	6	5	1	1	-	-	-
Eight	20	5.7	1	1	4	5	5	2	1	1	-	-	-
Nine	17	4.8	-	1	6	2	1	5	-	-	-	2	-
Ten & over	9	2.6	-	1	1	3	1	2	1	-	-	-	-
Unknown	14	3.9	-	-	1	1	1	-	1	-	-	2	9

TABLE 14

NUMBER OF PERSONS IN HOUSHOLD WITH PATIENT CLASSIFIED ACCORDING TO RACE, 1937

No. in Household	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	556	100.0	281	100.0	275	100.0
One	58	10.4	32	11.4	26	9.5
Two	105	18.9	70	24.9	35	12.7
Three	132	23.7	68	24.2	64	23.5
Four	90	16.2	42	14.9	48	17.4
Five	57	10.3	23	8.2	34	12.3
Six	49	8.8	18	6.4	31	11.3
Seven	28	5.0	11	3.9	17	6.2
Eight	11	1.9	5	1.8	6	2.2
Nine	12	2.2	4	1.4	8	2.9
Ten & over	8	1.5	5	1.8	3	1.1
Unknown	6	1.1	3	1.1	3	1.1

TABLE 14-A

NUMBER OF PERSONS IN HOUSEHOLD WITH PATIENT CLASSIFIED ACCORDING TO RACE, 1939

No. in Household	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	708	100.0	356	100.0	352	100.0
One	40	5.6	26	7.3	14	3.9
Two	116	16.4	74	20.8	42	11.9
Three	121	17.1	68	19.1	53	15.1
Four	130	18.4	62	17.4	68	19.3
Five	98	13.8	38	10.7	60	17.1
Six	66	9.3	29	8.1	37	10.5
Seven	42	5.9	22	6.2	20	5.7
Eight	34	4.8	12	3.4	22	6.3
Nine	29	4.1	12	3.4	17	4.8
Ten & over	23	3.5	13	3.6	10	2.8
Unknown	9	1.3	-	-	9	2.6

TABLE 15

NUMBER OF OTHER CASES OF TUBERCULOSIS IN FAMILY CLASSIFIED ACCORDING TO SIZE OF FAMILY, 1937

No. in Family	Total	Race	
		Negro	White
	No.	No.	No.
Total	88	31	57
2 in Family	14	8	6
1 other case	14	8	6
3 in Family	21	5	16
1 other case	18	4	14
2 other cases	2	-	2
Unknown	1	1	-
4 in Family	15	2	13
1 other case	9	1	8
2 other cases	6	1	5
5 in Family	14	5	9
1 other case	6	3	3
2 other cases	6	1	5
3 other cases	1	-	1
Unknown	1	-	1
6 in Family	11	5	6
1 other case	8	4	4
2 other cases	2	-	2
3 other cases	1	1	-
7 in Family	6	2	4
1 other case	5	1	4
2 other cases	1	1	-
8 in Family	2	2	-
1 other case	1	1	-
2 other cases	1	1	-
9 in Family	4	2	2
1 other case	3	1	2
2-3 other cases	-	-	-
4 other cases	1	1	-
Size of Family Unknown	1	1	-
1 other case	-	-	-
2 other cases	1	1	-

Note: Percentages were not computed because base figures were less than 100.

TABLE 15-A

NUMBER OF OTHER CASES OF TUBERCULOSIS IN FAMILY
CLASSIFIED ACCORDING TO SIZE OF FAMILY, 1939

No. in Family	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	259	100.0	98	@	161	100.0
2 in Family	16	6.2	6	@	10	6.2
1 other case	16	6.2	6	@	10	6.2
3 in Family	31	11.9	16	@	15	9.3
1 other case	29	11.2	15	@	14	8.7
2 other cases	2	.7	1	@	1	.6
4 in Family	40	15.4	17	@	23	14.3
1 other case	33	12.7	15	@	18	11.2
2 other cases	6	2.3	1	@	5	3.1
3 other cases	1	.4	1	@	-	-
5 in Family	47	18.2	16	@	31	19.3
1 other case	37	14.3	15	@	22	13.7
2 other cases	8	3.1	-	-	8	4.9
3 other cases	2	.8	1	@	1	.7
6 in Family	29	11.2	8	@	21	13.0
1 other case	21	8.1	5	@	16	9.9
2 other cases	3	1.1	-	-	3	1.9
3 other cases	4	1.6	2	@	2	1.2
4 other cases	1	.4	1	@	-	-
7 in Family	28	10.8	13	@	15	9.3
1 other case	21	8.1	10	@	11	6.9
2 other cases	4	1.5	3	@	1	.6
3 other cases	1	.4	-	-	1	.6
4 other cases	1	.4	-	-	1	.6
5 other cases	1	.4	-	-	1	.6
8 in Family	11	4.3	6	@	5	3.1
1 other case	6	2.3	4	@	2	1.3
2 other cases	1	.4	-	-	1	.6
3-4 other cases	-	- -	-	-	-	-
5 other cases	3	1.2	2	@	1	.6
6 other cases	1	.4	-	-	1	.6

@ Not computed because base figure is less than 100.

TABLE 15-A (Continued)

NUMBER OF OTHER CASES OF TUBERCULOSIS IN FAMILY
CLASSIFIED ACCORDING TO SIZE OF FAMILY, 1939

No. in Family	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
9 in Family	14	5.4	3	@	11	6.8
1 other case	8	3.1	2	@	6	3.7
2 other cases	4	1.5	1	@	3	1.9
3 other cases	2	.8	-	-	2	1.2
10 & over in Family	25	9.7	13	@	12	7.5
1 other case	14	5.4	8	@	6	3.7
2 other cases	5	1.9	3	@	2	1.3
3 other cases	1	.4	-	-	1	.6
4 other cases	1	.4	-	-	1	.6
5 other cases	2	.8	-	-	2	1.3
6 other cases	2	.8	2	@	-	-
Unknown	18	6.9	-	-	18	11.2

@ Not computed because base figure is less than 100.

TABLE 16

RECEPTION OF EXPECTORATION OF PATIENTS, 1939

Received into	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	467	100.0	243	100.0	224	100.0
Fireplace	33	7.1	8	3.3	25	11.2
Bucket	20	4.3	13	5.3	7	3.1
Water toilet	23	4.9	2	.8	21	9.4
Can	55	11.8	21	8.7	34	15.2
Ground	21	4.5	7	2.9	14	6.3
Floor	2	.4	2	.8	-	-
Cuspidor	7	1.5	1	.4	6	2.7
Coth	3	.6	1	.4	2	.9
Kitchen sink	2	.4	-	-	2	.8
Cleanex or Sputum Cup	301	64.5	188	77.4	113	50.2

TABLE 17

DISPOSAL OF EXPECTORATION OF PATIENTS, 1939

How Disposed	Total		Race			
			Negro		White	
	No.	%	No.	%	No.	%
Total	467	100.0	248	100.0	219	100.0
Burned	346	74.3	196	79.1	150	68.8
Sewerage	75	16.1	21	8.5	54	24.7
Swept up	17	3.6	11	4.4	6	2.8
Thrown out	16	3.4	10	4.0	6	2.8
Unknown	13	2.6	10	4.0	3	.9

TABLE 18

CLINICAL DIAGNOSES OF NEGRO PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Diagnoses	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	356	100.0	143	100.0	213	100.0
Pulmonary	185	51.9	78	54.5	107	50.3
Advanced	5	1.4	1	.7	4	1.9
Moderately advanced	30	8.4	8	5.6	22	10.4
Far advanced	46	12.9	21	14.7	25	11.8
Chronic	6	1.7	4	2.8	2	.9
Minimal	6	1.7	-	-	6	2.8
Miliary	5	1.4	-	-	5	2.3
Pleural Effusion	4	1.1	2	1.4	2	.9
Old Childhood	4	1.1	3	2.1	1	.5
Bilateral	32	9.6	14	10.5	18	8.9
Advanced Bilateral	2	.6	-	-	2	.9
Mod. Adv. Bilateral	2	.6	-	-	2	.9
Far Adv. Bilateral	13	3.6	6	4.2	7	3.3
Chronic Bilateral	3	.8	1	.7	2	.9
Fibroid	2	.6	1	.7	1	.5
Chronic Fibroid	2	.6	1	.7	1	.5
Others	9	2.6	3	2.1	6	2.8

TABLE 18 (Continued)

CLINICAL DIAGNOSES OF WHITE PATIENTS CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Diagnoses	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	352	100.0	199	100.0	153	100.0
Pulmonary	112	31.9	57	28.7	55	35.9
Advanced	6	1.7	6	3.0	-	-
Moderately advanced	33	9.4	20	10.0	13	8.5
Far advanced	21	5.9	8	4.0	13	8.5
Chronic	19	5.4	11	5.6	8	5.2
Pleural Effusion	1	.3	1	.5	-	-
Old Childhood	9	2.6	3	1.5	6	3.9
Arrested Childhood	4	1.2	3	1.5	1	.7
Bilateral	14	3.9	11	5.5	3	1.9
Advanced Bilateral	7	1.9	7	3.5	-	-
Mod. Adv. Bilateral	15	4.3	12	6.0	3	1.9
Far Adv. Bilateral	19	5.4	11	5.5	8	5.3
Chronic Bilateral	15	4.3	10	5.0	5	3.3
Fibroid	7	1.9	7	3.5	-	-
Chronic Fibroid	7	1.9	2	1.0	5	3.3
Others	46	13.1	25	12.6	21	13.7

TABLE 19

NUMBER OF NEGRO PATIENTS CLASSIFIED ACCORDING TO TYPE OF CLINICAL TREATMENT AND SEX, 1937

Clinical Treatment	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	281	100.0	124	100.0	157	100.0
Anti-Luetic	9	3.3	3	2.5	6	3.8
Surgical Pneumothorax	71	25.3	30	24.2	41	26.1
Phrenic Crush	6	2.2	1	.8	5	3.3
Pneumothorax and Phrenic Crush	16	5.7	1	.8	15	9.6
Routine	179	63.5	89	71.7	90	57.2

TABLE 19 (Continued)

NUMBER OF WHITE PATIENTS CLASSIFIED ACCORDING TO TYPE OF CLINICAL TREATMENT AND SEX, 1937

Clinical Treatment	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	275	100.0	153	100.0	122	100.0
Anti-Luetic	4	1.5	3	1.9	1	.8
Surgical Pneumothorax	46	16.7	21	13.8	25	20.5
Phrenic Crush	1	.4	-	-	1	.8
Pneumothorax and Phrenic Crush	5	1.8	2	1.3	3	2.5
Others	2	.7	2	1.3	-	-
Routine	217	78.9	125	81.7	92	75.4

TABLE 19-A

NUMBER OF NEGRO PATIENTS CLASSIFIED ACCORDING TO TYPE OF CLINICAL TREATMENT AND SEX, 1939

Clinical Treatment	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	356	100.0	143	100.0	213	100.0
Anti-Luetic	8	2.2	1	.7	7	3.3
Surgical Pneumothorax	123	34.6	51	35.7	72	33.8
Pneumothorax and Phrenic Crush	26	7.3	5	3.5	21	9.9
Flouroscope	4	1.1	2	1.4	2	.9
X-Ray and Routine	79	22.2	36	25.2	43	20.2
Nurse Service in Home (Bed Patients)	90	25.3	38	26.6	52	24.4
Others	26	7.3	10	6.9	16	7.5

TABLE 19-A (Continued)

NUMBER OF WHITE PATIENTS CLASSIFIED ACCORDING TO TYPE OF CLINICAL TREATMENT AND SEX, 1939

Clinical Treatment	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	352	100.0	199	100.0	153	100.0
Anti-Luetic	4	1.1	2	1.0	2	1.3
Surgical Pneumothorax	71	20.2	44	22.1	27	17.7
Pneumothorax and Phrenic Crush	29	8.3	12	6.0	17	11.1
Flouroscope	14	3.9	10	5.0	4	2.6
X-Ray and Routine	194	55.1	108	54.3	58	56.2
Nurse Service in Home (Bed Patients)	13	3.7	6	3.0	7	4.6
Others	27	8.8	17	8.6	10	6.5

TABLE 20

NUMBER AND PER CENT DISTRIBUTION OF CASES UNDER SANATORIUM CARE CLASSIFIED ACCORDING TO RACE AND SEX, 1937

Sanatorium Care	Race							
	Total		Negro			White		
			Total	Male	Female	Total	Male	Female
	No.	%	No.	No.	No.	No.	No.	No.
Total	112	100.0	56	29	27	56	27	29
Battle Hill	93	84.9	54	28	26	41	17	34
Alto	15	13.3	2	1	1	13	8	3
Others	2	1.8	-	-	-	2	2	-

TABLE 20-A

NUMBER AND PER CENT DISTRIBUTION OF CASES UNDER SANATORIUM CARE CLASSIFIED ACCORDING TO RACE AND SEX, 1939

Sanatorium Care	Race							
	Total		Negro			White		
			Total	Male	Female	Total	Male	Female
	No.	%	No.	No.	No.	No.	No.	No.
Total	100	100.0	49	32	17	51	25	26
Battle Hill	75	75.0	43	29	14	32	13	19
Alto	16	16.0	3	-	3	13	8	5
Others	9	9.0	3	3	-	6	4	2

TABLE 21

DISTRIBUTION OF PATIENTS WHO DIED CLASSIFIED ACCORDING TO RACE, SEX AND AGE 1937

Age			Race						
			Total		Male	Female	Total	Male	Female
	No.	%	No.	%	No.	No.	No.	No.	No.
Total	153	100.0	111	100.0	53	58	42	29	13
Under 5	-	-	-	-	-	-	-	-	-
5 - 9	-	-	-	-	-	-	-	-	-
10 - 14	2	1.3	2	1.8	-	2	-	-	-
15 - 19	7	4.6	6	5.4	5	1	1	-	1
20 - 24	23	15.0	21	18.9	10	11	2	1	1
25 - 29	39	25.5	32	28.9	11	21	7	3	4
30 - 34	20	13.1	15	13.5	8	7	5	3	2
35 - 39	15	9.8	12	10.8	5	7	3	2	1
40 - 44	14	9.2	11	9.9	4	7	3	2	1
45 - 49	12	7.8	6	5.4	5	1	8	4	2
50 - 54	11	7.2	4	3.6	3	1	7	7	-
55 - 59	2	1.3	-	-	-	-	2	2	-
60 - 64	1	.7	-	-	-	-	1	1	-
65 - 69	4	2.6	1	.9	1	-	3	2	-
70 and over	3	1.9	1	.9	1	-	2	2	-

TABLE 21-A

DISTRIBUTION OF PATIENTS WHO DIED CLASSIFIED ACCORDING TO RACE, SEX AND AGE 1939

Age			Race						
			Total		Male	Female	Total	Male	Female
	No.	%	No.	%	No.	No.	No.	No.	No.
Total	149	100.0	117	100.0	39	78	32	20	12
Under 5	1	.7	1	.9	-	1	-	-	-
5 - 9	2	1.3	2	1.7	-	2	-	-	-
10 - 14	4	2.7	4	3.4	1	3	-	-	-
15 - 19	20	13.4	19	16.2	5	14	1	-	1
20 - 24	21	14.1	18	15.4	3	15	3	2	1
25 - 29	30	20.1	25	21.4	6	19	5	4	1
30 - 34	16	10.7	12	10.3	3	9	4	3	1
35 - 39	23	15.4	18	15.4	11	7	5	2	3
40 - 44	8	5.4	7	5.9	3	4	1	-	1
45 - 49	12	8.1	8	6.8	5	3	4	3	1
50 - 54	6	4.1	2	1.7	1	1	4	3	1
55 - 59	2	1.3	1	.9	1	-	1	-	1
60 - 64	1	.7	-	-	-	-	1	1	-
65 - 69	2	1.3	-	-	-	-	2	1	1
70 and over	1	.7	-	-	-	-	1	1	-

TABLE 22

DEATHS AND DEATH RATES PER 100,000 POPULATION FROM TUBERCULOSIS (ALL FORMS) BY COLOR IN FULTON AND DE KALB COUNTIES AND IN THE CITY OF ATLANTA, GEORGIA 1936*

		Number			Rate		
		Total	White	Colored	Total	White	Colored
Fulton County	1936	356	112	124	103.7	47.0	232.2
	1937	316			91.7		
De Kalb County	1936	35	22	13	47.7	36.1	104.9
	1937	34			46.0		
Atlanta (Fulton County)		267	82	185	106.1	50.4	207.8
Atlanta (De Kalb County)		7	5	2	27.7	21.4	108.1
Atlanta (Fulton & De Kalb)		274	87	187	98.9	46.8	205.8
State of Georgia	1936				56.1	33.3	96.3

*Figures supplied by Georgia State Board of Health, Statistical Department.

TABLE 22-A

DEATHS AND DEATH RATES PER 100,000 POPULATION FROM TUBERCULOSIS (ALL FORMS) BY COLOR IN FULTON COUNTY, DE KALB COUNTY, AND THE CITY OF ATLANTA, GEORGIA 1938 AND 1939*

	Number		Rate	
	1939	1938	1939	1938
Fulton County (Including Atlanta)				
Total	337	349	97.0	100.8
White	90	108	37.2	44.8
Colored	247	241	235.0	229.3
Atlanta (Fulton and De Kalb Counties)				
Total	287	312	102.7	112.0
White	63	94	33.4	50.1
Colored	224	218	246.4	239.9
Atlanta (Fulton County)				
Total	274	296	107.9	116.8
White	58	86	35.2	52.4
Colored	216	210	242.6	235.9
Atlanta (De Kalb County)				
Total	13	16	51.4	63.3
White	5	8	21.3	34.1
Colored	8	8	432.4	432.4
De Kalb County (Including Atlanta)				
Total	38	36	50.7	48.4
White	19	20	30.5	32.3
Colored	19	16	151.8	128.2

*Figures supplied by the Georgia State Board of Health, Department of Statistics. The 1939 figures are still subject to change. Statistics supplied to the Atlanta Tuberculosis Association, June 10, 1940.

APPENDIX D

ATLANTA TUBERCULOSIS ASSOCIATION
ORGANIZED FOR PREVENTION AND CURE OF TUBERCULOSIS IN FULTON AND DE KALB COUNTIES

MEMBERSHIPS
CONTRIBUTIONS TO COMMUNITY CHEST--BUYERS OF CHRISTMAS SEALS
BOARD OF DIRECTORS
PRESIDENT

EXECUTIVE COMMITTEE — FINANCE COMMITTEE

COLORED BRANCH
EXECUTIVE SECRETARY

CLINIC SERVICE		NURSING SERVICE	SEAL SALE	EDUCATIONAL SERVICE
MEDICAL STAFF		NURSING COMMITTEE	CHAIRMAN	EDUCATIONAL COMMITTEE
CLINICAL DIRECTOR		SUPERVISING NURSE	SEAL WORKERS	DIRECTOR
CLINIC NURSING		HOME NURSING	VOLUNTEERS	STUDENT WORKERS
		DEMONSTRATIONS	ORGANIZATIONS	
PNEUMOTHORAX	PULMONARY	DENTAL		
CLINICS	CLINICS	CLINICS		PUBLICITY
SANATORIUM	TREATMENT	CASE FINDING		HEALTH MOVIES -EXHIBITS- LECTURES
PLACEMENT				HEALTH CLASSES

COMMUNITY AFFILIATIONS
HEALTH COMMITTEE PLANNING COUNCIL
MEMBER ATLANTA COMMUNITY FUND
ATLANTA FEDERATED WOMEN'S CLUBS
HEALTH DEPARTMENTS
OF
CITY OF ATLANTA
CITY OF DECATUR
COUNTY OF FULTON
COUNTY OF DE KALB

MEDICAL SERVICE EXTENDED TO POSITIVE CASES AND TO PEOPLE WHO HAVE BEEN IN CONTACT WITH TUBERCULOSIS AND UNABLE TO HAVE PRIVATE PHYSICIANS--EDUCATIONAL FACILITIES FREE TO THE PUBLIC

BIBLIOGRAPHY

Books

Heise, Fred H., M.D. 1000 Questions and Answers on T.B. New York: Journal of the Outdoor Life, 1935.

Wood, Edith Elmer. Slums and Blighted Areas in the United States. Washington: Government Printing Office, 1936.

Reports

Permanent Census Tracts for Greater Atlanta, W.P.A. Official Project, #65-34-4083, 1936, Approved by the Bureau of Census.

Johnson, Charles S. "Should We Expect More from the Negro in the Solution of His Own Problems?" Tuberculosis among Negroes. Delivered at the Annual Meeting of the Southern Tuberculosis Conference and Southern Sanatorium Association, Knoxville, Tennessee, October 9, 10, 11, 1934. Publication made possible by a grant from the Julius Rosenwald Fund.

Naive, J. B., M.D. "The Menace of Tuberculous Negro Domestics." Tuberculosis among Negroes. Delivered at the Annual Meeting of the Southern Sanatorium Association, Houston, Texas, September 16, 17, 18, 1934. Publication made possible by a grant from the Julius Rosenwald Fund

Report of the Committee on Tuberculosis among Negroes. New York: National Tuberculosis Association, 1937, p. 16.

Articles

Barret, P. S. and Geiger, J. C. "How Clean Is Your House," Hygeia, XV (November, 1937), pp. 1005-6.

"Editorial," Hygeia, XIV (January, 1936), p. 6.

Moore, Alice L. "Health So Hardly Won," Survey, LXXV (February, 1939), pp. 43-44.

Pottender, F. M. "Conquering Tuberculosis," Hygeia, X (January, 1932),p. 305.

"Protecting Young Women against Tuberculosis," Science News Letters, XXXV (January 7, 1939), p. 8.

"Water Is of Prime Importance," Hygeia, XIV (April, 1936), p. 381.

Unpublished Material

Case Records of Positive Tubercular Patients Known to Atlanta Tuberculosis Association 1939.

"A Study of Positive Cases of Tuberculosis Known to Atlanta Tuberculosis Association 1937." Compiled by students of the Atlanta University School of Social Work.

Miscellaneous Material

Diagnostic Standards and Classifications of Tuberculosis: 1940 Edition. New York: National Tuberculosis Association.

The Atlanta Constitution, November 9, 1912.

Tuberculosis. New York: National Tuberculosis Association, 1939, p. 27.

Tuberculosis from 5 to 20. National Tuberculosis Association.